

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

KERRY JOHNSON and)	
SHARON ANDERSON,)	
on behalf of themselves and all)	
others similarly situated,)	
)	
Plaintiffs,)	C.A. No. 1:06-cv408 (JJF)
)	
v.)	
)	
GEICO CASUALTY COMPANY,)	NON-ARBITRATION
GEICO GENERAL INSURANCE)	TRIAL BY JURY DEMANDED
COMPANY, and GEICO INDEMNITY)	
COMPANY,)	CLASS ACTION
)	
Defendants.)	

**OPENING BRIEF IN SUPPORT OF MOTION
FOR LEAVE TO AMEND COMPLAINT**

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Dated: August 24, 2006

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NATURE AND STAGE OF PROCEEDINGS

On April 19, 2006, Plaintiffs filed an action seeking recovery of compensatory, punitive and treble damages, reasonable attorneys' fees, and declaratory and other relief arising from defendants' breaches of insurance contracts; bad faith breaches of insurance contracts; violations of 21 Del. C. §§ 2118 and 2118B, 6 Del. C. §§ 2513 and 2532, 18 Del. C. § 2301 *et seq.*, and 18 U.S.C. 1962; common law fraud; and otherwise wrongful refusal to honor its contractual obligations arising under certain policies of automobile insurance issued by GEICO Casualty Company, GEICO General Insurance Company, and/or GEICO Indemnity Company (collectively, "GEICO" or "Defendants"), to members and representatives of the proposed plaintiff class.

This is a class action brought on behalf of those of GEICO's Delaware policyholders who submitted covered claims for medical expenses or other benefits under Personal Injury Protection (or "PIP") coverage issued as part of GEICO's insurance contracts, or who were otherwise entitled to GEICO's performance under such coverage; but who, owing to GEICO's unreasonable, unfair, fraudulent, deceptive and otherwise wrongful conduct (as shown by the regular, routine and consistent pattern and practice of claims), were denied the benefits and performances to which they were entitled.

On June 27, 2006, GEICO filed a Notice of Removal to remove this case from the Superior Court for the State of Delaware to the United States District Court for the District of Delaware.

On June 30, 2006, GEICO filed a motion to dismiss and opening brief in support of the motion to dismiss (the "Motion to Dismiss").

On August 24, 2006, Plaintiffs filed an answering brief in response to GEICO's motion to dismiss, simultaneously with this motion for leave to amend the complaint and case caption.

In response to the Motion to Dismiss, Plaintiffs believed it was prudent to amend their Complaint to address some of the arguments set forth in the Motion to Dismiss, and to add additional defendants. Plaintiffs have filed a Motion for Leave to Amend the Complaint, contemporaneously herewith. Pursuant to Del. LR 15.1, Plaintiffs have attached a copy of the proposed amended Complaint to the Motion for Leave to Amend the Complaint, as well as a form of the amended Complaint indicating in what respect it differs from the Complaint.

SUMMARY OF ARGUMENT

Plaintiffs should be allowed leave to amend their complaint and case caption because they meet all of the requirements of Federal Rule of Civil Procedure 15(a). Leave should be freely given and Plaintiffs seek leave to amend so that they may supplement the facts and allegations of their complaint. Plaintiffs are not acting in bad faith or with dilatory motives, and there has been no undue delay in filing this motion. Additionally, Plaintiffs seek to add Government Employees Insurance Company, and Criterion Insurance Agency, Inc. (Colonial Mutual Ins.) as defendants as these entities sell insurance in the State of Delaware and, on information and belief, have engaged in conduct described in the Complaint. These entities are, or should be on notice of this action.

Plaintiffs' proposed amended complaint should relate back to the date that the original complaint was filed because it meets all of the requirements of Federal Rule of Civil Procedure 15(c). The proposed amendments arise out of the same conduct as the allegations in the original pleading and newly added defendants had, or should have had, notice of the complaint within 120 days of the filing.

STATEMENT OF FACTS

GEICO Casualty Company, GEICO General Insurance Company, and GEICO Indemnity Company are prolific underwriters of automobile insurance policies issued in Delaware and nationwide; those policies include coverage for liability and first-party no-fault medical benefit protection for persons injured while driving or occupying motor vehicles. On information and belief, Government Employee Insurance Company, Criterion Insurance Agency, Inc. (Colonial County Mutual Ins.) (hereafter, GEICO Casualty Company, GEICO General Insurance Company, GEICO Indemnity Company, Government Employee Insurance Company, Criterion Insurance Agency, Inc. (Colonial County Mutual Ins.) shall be collectively defined as “GEICO”) also contract with Delaware residents for automobile insurance, including no-fault coverage. In Delaware, such no-fault coverage is known as “personal injury protection” or “PIP.” (Compl. ¶ 6.) For years, GEICO has sold PIP coverage to its customers, and it derives substantial revenues and profits from the sale of such insurance products in Delaware. (Compl. ¶ 7.) This proposed class action addresses GEICO’s improper handling of PIP claims.

When an individual is injured in an automobile collision, a no-fault policy is intended to provide coverage for medical bills incurred, and wages lost as a result of the accident. Legislators have intended such policies – which are mandatory in Delaware – to provide immediate coverage following an accident, regardless of who is at fault. When an insurer such as GEICO mishandles or improperly fails to reimburse an insured for medical bills, the insured is responsible for making payment to its medical provider.

The Complaint details GEICO’s fraudulent and illegal practices. Under 21 Del. C. §§ 2118 and 2118B, and under GEICO’s contractual obligations, GEICO must provide

PIP benefits for reasonable and necessary medical expenses that arise from injuries sustained in automobile accidents. (Compl. ¶ 11.) If these three elements -- reasonableness, medical necessity and causation -- are met, GEICO must pay the full amount of the expense incurred, subject to other statutory limitations. (*Id.*)

GEICO has engaged in the systematic delay or denial of full PIP benefits to Delaware claimants in violation of their contractual obligations and the law, and without reasonable basis. (Compl. ¶ 13.) Additionally, GEICO routinely fails to pay PIP claims in Delaware within the thirty-day statutory period under 21 Del. C. § 2118B. (Compl. ¶ 15.) Additionally, GEICO wrongfully and arbitrarily denies PIP benefits without obtaining any independent medical or expert opinion justifying the termination of medical treatment for reasons of medical necessity or causation. (Compl. ¶ 19.)

A. Allegations Specific To Plaintiff Kerry Johnson

In response to the Motion to Dismiss, Plaintiffs seek to amend the complaint to plead additional facts regarding Plaintiff Kerry Johnson.

Mr. Johnson purchased GEICO insurance because he thought it would fully cover him in the event of an automobile accident. Mr. Johnson paid his insurance premiums to GEICO.

Plaintiff Kerry Johnson was injured in an automobile collision in New Castle County, Delaware on or about July 16, 2004. (Compl. ¶ 20.) Mr. Johnson was a named insured under a GEICO auto policy on the date of the accident. (*Id.*)

In connection with his claim for PIP benefits, Mr. Johnson has been subjected by GEICO to the systematic practices complained of above. (Compl. ¶ 21.) GEICO has delayed payment of covered PIP benefits to Mr. Johnson without reasonable justification.

(Compl. ¶ 22.) By its own admission, GEICO concedes that Mr. Johnson submitted medical bills totaling \$16,720 in connection with his claim and GEICO has paid a total of \$11,870. (See Notice of Removal at 6.)

GEICO has denied payment of covered PIP benefits to Mr. Johnson without reasonable justification. (Compl. ¶ 23.) GEICO denied payment of covered PIP benefits purportedly because “[t]he procedure billed exceeds the level of service required by the diagnosis given or the condition for which this patient is being treated,” notwithstanding the fact that GEICO conducted no medical examination of Mr. Johnson prior to making that determination. (Compl. ¶ 24.)

Specifically, Mr. Johnson received medical treatment from various providers including Family Practice Associates, P.A., Rehabilitation Associates, P.A., Delaware Neurosurgical Group, P.A., and Neurology Associates. Mr. Johnson and his attorney provided medical bills and medical records to GEICO. These medical records documented the medical care providers' diagnosis, prognosis and treatment plan for Mr. Johnson. Dr. John Moore, Mr. Johnson's family doctor, ordered Mr. Johnson to undergo physical therapy as a result of the accident. (Exhibit A.) Dr. Barry Bakst, of Rehabilitation Associates, P.A., clearly wrote in his August 11, 2004 typed report that Mr. Johnson sustained exacerbated cervical spine pain, exacerbated lumbosacral spine pain, exacerbated anxiety/depression, myofacial pain, and thoracic strain as a result of the July 16, 2004 automobile accident. (Exhibit B.) Further, Dr. Bakst states, “The initiation of rehab and chiropractic care and my treatment is 100 percent related to the motor vehicle accident of 7/16/04.” (Exhibit B, p. 3-4).

Mr. Johnson repeatedly provided GEICO with both medical bills and medical records evidencing reasonable and necessary treatment. (*See, e.g.*, Exhibit C.) In addition, Mr. Johnson executed a medical authorization so that GEICO was able to request the records from the medical providers directly. (Exhibit D.)

Even though Mr. Johnson satisfied his burden of proof by submitting medical records detailing that his injuries and treatment were related to the July 16, 2004 accident, and reasonable and necessary, GEICO refused to make full and prompt payment. For example, when Mr. Johnson submitted bills from Neurology Associates for services performed on November 17, 2004 for brachial neuritis and thoracic and lumbosacral neuritis, GEICO reduced payment on a cervical CAT scan by ten dollars. The bill was \$731.00 and GEICO paid \$721.00, providing the explanation that, “[t]he charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.” (Exhibit E.) GEICO continued to use the same rationale to reduce payments for physical therapy: GEICO paid \$52.31 of a \$67.00 exercise bill; \$37.00 of a \$38.00 stimulation bill; \$60.00 of a \$62.00 manipulation bill; \$60.00 of a \$90.00 office visit bill; \$94.00 for a \$98.00 group therapy bill; \$385.00 of a \$536.00 bill for electromyography performed on September 16, 2004. (Exhibit F.)

GEICO added another “explanation” for reducing payment on a bill for an office visit on August 11, 2004 to Rehabilitation Associates. GEICO paid \$109.15 of a \$214.00 office visit bill and provided the following reason: “The procedure billed exceeds the level of service required by the diagnosis given or the condition for which this patient is being treated.” (Exhibit F, p. 6.) This “explanation” is a medical conclusion that is

absolutely disallowed without justification and without reliance on a medical expert opinion. GEICO did not have such a medical expert at the time it denied payment in full.

GEICO has stated that if Mr. Johnson requests further consideration of any bill balances, a written response from the provider and the bill balance from the insured should be resubmitted. (Exhibit G.) As stated, Mr. Johnson routinely submitted medical records with the medical bills and the providers often submitted the bills as well. GEICO still did not pay these bills in full.

Mr. Johnson and his personal injury attorney have been advised by a collection agency, Delaware Recovery Systems, Inc., on behalf of Rehabilitation Associates, that if said attorney does not provide a letter of protection promising to pay the balance, they will “take appropriate action to collect the balance.” (Exhibit H.)

Additionally, GEICO has failed to pay or deny Mr. Johnson’s claims for PIP benefits within thirty days of its receipt of the same, in violation of 21 Del. C. §§ 2118 and 2118B. (Compl. ¶ 25.)

GEICO has applied its fraudulent “usual and customary” scheme to Mr. Johnson’s claims for PIP-related medical expenses. (Compl. ¶ 26.) GEICO has thereby failed to pay the reasonable and necessary medical expenses arising from Mr. Johnson’s July 16, 2004 collision, in violation of 21 Del. C. §§ 2118 and 2118B and its contractual obligations. (*Id.*)

B. Allegations Specific to Sharon Anderson

In response to the Motion to Dismiss, Plaintiffs seek to amend the complaint to plead additional facts regarding Plaintiff Sharon Anderson.

Plaintiff Sharon Anderson purchased GEICO insurance because she thought it would fully cover her in the event of an automobile accident. Ms. Anderson paid her insurance premiums to GEICO.

Plaintiff Sharon Anderson was injured in an automobile collision in New Castle County, Delaware on or about August 3, 2004. (Compl. ¶ 27.) As alleged above, Ms. Anderson was a named insured under a GEICO auto policy on the date of the accident. (*Id.*)

In connection with her claim for PIP benefits, Ms. Anderson has been subjected by GEICO to the systematic practices complained of above. (Compl. ¶ 28.) GEICO has delayed payment of covered PIP benefits to Ms. Anderson without reasonable justification. (Compl. ¶ 29.) By its own admission, GEICO concedes that Ms. Anderson submitted medical bills totaling \$7,659 in connection with her claim, and GEICO has paid a total of \$5,897. (Notice of Removal at 6.)

GEICO has denied payment of covered PIP benefits to Ms. Anderson without reasonable justification. (Compl. ¶ 30.) GEICO denied payment of covered PIP benefits purportedly because it determined that Ms. Anderson's treatment "would provide no therapeutic benefit during the chronic period of the diagnosed conditions," notwithstanding the fact that GEICO conducted no medical examination of Ms. Anderson prior to making that determination. (Compl. ¶ 31.)

Ms. Anderson received reasonable and necessary medical treatment from Stoney Batter Family Medicine and Pro Physical Therapy for her injuries related to the August 3, 2004 accident. She was treated for headaches, and neck and back pain. Dr. Horatio Jones, of Stoney Batter Family Medicine, ordered physical therapy, which she received at

Pro Physical Therapy from July 19, 2005 through October 27, 2005. Dr. Jones provided a detailed, typed report dated November 14, 2005 that states that as of Ms. Anderson's last visit on October 10, 2005, "she was left with mild neck pain and low back pain which may be exacerbated from time to time." (Exhibit I.) The report also explained that Ms. Anderson had prior low back pain, but "it is within a reasonable degree of medical probability that the accident which occurred on August 3, 2004 did exacerbate her low back condition." (Exhibit I, p. 2.)

Ms. Anderson received treatment at Stoney Batter Family Medicine on August 5, 2004, and GEICO paid \$145.00 of a \$145.00 bill. Strangely, on June 13, 2005, when Ms. Anderson had the same type of office visit and was charged \$145.00, GEICO only paid \$114.00. (Exhibit J.) Ms. Anderson was informed by her provider that "Balance shown [\$31.00] is patient's responsibility." (Exhibit J, p. 2.)

From July 21, 2005 to October 27, 2005, Ms. Anderson treated at Pro Physical Therapy and GEICO routinely failed to pay her bills in full. For example, on July 21, 2005, GEICO paid \$0 of a \$35.00 stimulation bill and \$0 of a \$30.00 hot/cold pack treatment bill. (Exhibit K, p. 1.) GEICO provided the following "explanation": "The provider performed a physical medicine modality that would provide no therapeutic benefit during the chronic period of the diagnosed conditions." (Exhibit K, p. 2.) GEICO had not performed an IME and therefore had no medical expert basis for giving such an "explanation." It appears that GEICO continued to use a variation on that explanation to deny some physical therapy bills in full: "physical medicine modalities the [sic] provide no therapeutic benefit during the chronic period of the diagnosed condition are not reimbursable." (Exhibit K.)

With respect to bills for hot/cold pack treatment and stimulation on October 4, 2005, October 6, 2005, October 10, 2005, and October 12, 2005, GEICO denied payment based on a new “explanation”: “Submit medical records so that we may determine the length of acute care based on the patient’s age, diagnosis and medical intervention. The medical records must include positive, specific, objective findings to indicate the appropriate use of the physical modality as well as a progression to an active therapeutic exercise program with a decrease in passive modalities. If we are unable to validate ongoing acute care, we may seek independent medical review.” (Exhibit L, p. 3.) Ms. Anderson provided GEICO with relevant medical records. Although GEICO is not permitted to “determine the length of care” without a medical expert, which it did not have, GEICO denied payment. Ms. Anderson was liable for a balance of \$1,302.00. (Exhibit M.)

As in Mr. Johnson’s case, and all those similarly situated, Plaintiffs’ allege that GEICO failed to pay or deny Ms. Anderson’s claims for PIP benefits within thirty days of its receipt of the same, in violation of 21 Del. C. §§ 2118 and 2118B. (Compl. ¶ 32.), and that GEICO applied its fraudulent “usual and customary” scheme to Ms. Anderson’s claims for PIP-related medical expenses. (Compl. ¶ 33.) GEICO has thereby failed to pay the reasonable and necessary medical expenses arising from Ms. Anderson’s August 3, 2004 collision, in violation of 21 Del. C. §§ 2118 and 2118B and its contractual obligations. (*Id.*)

ARGUMENT

A. Leave to Amend Shall be Freely Given

Pursuant to Federal Rule of Civil Procedure 15(a), Plaintiffs should be permitted leave to amend their complaint. Federal Rule of Civil Procedure 15(a) provides:

A party may amend the party's pleading once as a matter of course at any time before a responsive pleading is served.... Otherwise a party may amend the party's pleading only by leave of court or by written consent of the adverse party; and leave shall be freely given when justice so requires.

Fed. R. Civ. P. 15(a). This and the other Federal Rules reject the approach that pleading is a game of skill in which one misstep by counsel may be decisive to the outcome and accept the principle that the purpose of pleading is to facilitate a proper decision on the merits. *Willard Dairy Corporation v. National Products Corporation*, 373 U.S. 934, 935, 83 S.Ct. 1534, 10 L.Ed.2d 691 (1963) (citing *Conley v. Gibson*, 355 U.S. 41, 48, 78 S.Ct. 99, 2 L.Ed.2d 80 (1957)). In considering a motion for leave to amend, the court should look to the underlying facts and whether the plaintiff should be permitted to test claims on the merits rather than the technical requirements of pleading. *In re ML-Lee Acquisition Fund II, L.P. and ML-Lee Acquisition Fund (Retirement Accounts) II, L.P. Securities Litigation*, 848 F.Supp. 527, 567 (D. Del. 1994) (citing *Foman v. Davis*, 371 U.S. 178, 182 (1962)).

Plaintiffs seek leave to amend their Complaint to supplement viable causes of action against GEICO with additional facts, and to add related defendants to this case. In their Motion to Dismiss, GEICO states, *inter alia*, that Plaintiffs have failed to state claims upon which relief can be granted, and that Plaintiffs have failed to plead claims

with particularity, as required by Fed. R. Civ. P. 9. While Plaintiffs respectfully disagree with these arguments, and have responded to each and every contention in their Answering Brief, Plaintiffs seek leave to amend their Complaint at this initial pleading stage to provide Defendants with additional facts and information about the claims Plaintiffs seek to prosecute.

Plaintiffs are not acting in bad faith, with dilatory motive, or delay. *See Lorenz v. CSX Corp.*, 1 F.3d 1406, 1414 (3d Cir. 1993); *see also In re Burlington Coat Factory Sec. Litig.*, 114 F.3d 1410, 1434 (3d Cir. 1997); *Foman v. Davis*, 371 U.S. at 182; *Enzo Life Sciences, Inc. v. Digene Corp.*, 270 F.Supp.2d 484, 487 (D. Del. 2003). On the contrary, Plaintiffs are acting in good faith to place detailed facts on the record. Nor are the amendments futile. Plaintiffs believe the proposed amended complaint would survive a challenge under Rule 12(b)(6) and Rule 9. *See, In re Burlington Coat Factory Sec. Litig.*, 114 F.3d at 1434. Plaintiffs are seeking to amend their complaint to clarify legal allegations and add facts, providing further detail and notice of the claims supporting their case.

Additionally, Plaintiffs seek to add related defendants who Plaintiffs have reason to believe also contract with Plaintiffs and other Delaware residents for the sale of insurance, and participate in the conduct alleged in the Complaint. Plaintiffs seek to add related entities of the three original defendants, including Government Employees Insurance Company and Criterion Insurance Agency, Inc. (Colonial County Mutual Ins.). Plaintiffs have learned that Ms. Anderson contracted with Government Employees Insurance Company, and Plaintiffs now have additional correspondence relating to Mr. Johnson's PIP claims containing the names of Criterion Insurance Agency, Inc. (Colonial

County Mutual Ins.). (*See* Exhibit N attached hereto.) On information and belief, all of these entities market their insurance products under the name GEICO. On information and belief, these entities share resources and deal collectively on matters concerning their insureds. On information and belief, these entities share legal counsel. All of these entities are, or should be on notice of this action. At this initial stage in this class action, all of these companies should be included as defendants in this matter. All of the entities are on notice of this action and none will be prejudiced by being added as defendants at this time. Plaintiffs also believe these additional entities participate in the same systematic and illegal behavior set forth in the Complaint.

Granting leave to amend the complaint will not substantially delay this action in any way. This Motion is being filed early in this case. Furthermore, this is Plaintiffs' first request for leave to amend; there has been no repeated failure to cure any deficiency. The proposed amended complaint sets forth more specific and particular facts, thus curing any possible deficiencies asserted in GEICO's Motion to Dismiss. For these reasons, the proposed amended complaint satisfies Fed. R. Civ. 15(a).

B. Plaintiffs Amendments Should Relate Back to April 19, 2006.

Federal Rule of Civil Procedure 15(c) provides:

An amendment of a pleading relates back to the date of the original pleading when

- (1) relation back is permitted by the law that provides the statute of limitations applicable to the action, or
- (2) the claim or defense asserted in the amended pleading arose out of the conduct, transaction, or occurrence set forth or attempted to be set forth in the original pleadings, or

(3) the amendment changes the party or the naming of the party against whom a claim is asserted if the foregoing provision (2) is satisfied and, within the period provided by 4(m) for service of the summons and complaint, the party to be brought in by amendment (A) has received such notice of the institution of the action that the party will not be prejudiced in maintaining a defense on the merits, and (B) knew or should have known that, but for a mistake concerning the identity of the proper party, the action would have been brought against the party.

Fed. R. Civ. P. 15(c).

As set out more fully below, Plaintiffs satisfy the requirements of Rules 15(c)(1), (c)(2) and (c)(3). As a result, the proposed amended complaint should relate back to the date the Complaint was filed: April 19, 2006.

Plaintiffs seek to amend the Complaint before the expiration of any applicable statute of limitations. For that reason, the proposed amendments satisfy Fed. R. Civ. P. 15(c)(1).

Second, the claims set forth in the proposed amended complaint are identical to the claims set forth in the Complaint. With the proposed amended complaint, Plaintiffs do not seek to add any causes of action or contradict any facts that were in the original Complaint. Plaintiffs simply attempt to set forth more detail on the claims alleged. Because the proposed amendments arise out of the conduct, transactions, or occurrences set forth or attempted to be set forth in the Complaint, Plaintiffs satisfy the requirements of Fed. R. Civ. P. 15(c)(2).

Plaintiffs have also met the requirements of Rule 15(c)(3). When adding or changing a party to the complaint, the amendment relates back "if the foregoing provision (2) is satisfied and, within the period provided by Rule 4(m) for service of the summons

and complaint, the party to be brought in by amendment (A) has received such notice of the institution of the action that the party will not be prejudiced in maintaining a defense on the merits, and (B) knew or should have known that, but for a mistake concerning the identity of the proper party, the action would have been brought against the party.” Fed.R.Civ.P. 15(c)(3). In the original complaint, Plaintiffs named GEICO Casualty Company, GEICO General Insurance Company, and GEICO Indemnity Company (all affiliates of Government Employees Insurance Company) as defendants. Plaintiffs’ counsel has recently discovered correspondence from GEICO to Plaintiffs that includes on the letterhead the names Government Employees Insurance Company, and Criterion Insurance Agency, Inc. (Colonial County Mutual Ins.). Plaintiffs have reason to believe the proposed additional defendants share resources with the three original defendants, including resources related to claims processing and legal counsel. Additionally, Plaintiffs have reason to believe the proposed additional defendants have notice of the existing claims. Therefore, all of the entities have received notice of this action (within 120 days from the date of the Complaint) and should have known that, but for the mistake in the original Complaint, they would have been named in the original Complaint. Because Plaintiffs have met the requirements of Rule 15(c)(2) and the newly added defendants should have received notice of the action within the time limits as described by Rule 4(m), Plaintiffs have met the requirements of Rule 15(c)(3) and the amended complaint should relate back to April 19, 2006.

CONCLUSION

For the foregoing reasons, Plaintiffs request that this Court enter an order in substantially the form of the proposed order submitted by Plaintiffs authorizing Plaintiffs to amend their complaint and granting such other relief as is deemed just and proper under the circumstances.

Dated: August 24, 2006
Wilmington, Delaware

CROSS & SIMON, LLC

By: *CPS*
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Christopher P. Simon (No. 3697)
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Attorneys for Plaintiffs

EXHIBIT A

NAME: Kerry Johnson

FPA Progress Notes

PAGE: 1213 Date: 7/19/04need 2/3) Age: 47 yrs. 1 pmHIST xcHPI 3 elementsROS 1 systemPFSH N/APE 4-BA/OS

6-11 elem

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NAME: Kerry Johnson

FPA Progress Notes

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Rx to Dr. Roos
2 wks.

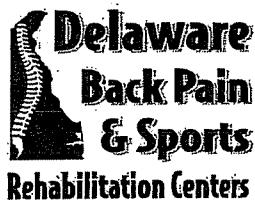
214
(need 2/3)

Date: CC

HIST
Detailed CCHPI
+elements
- 3+chronic
illnessesROS
2-9 systemPFSH
1 elementPE
5-7 BAVOSDECISION
3 Dx or Tx
amt Com=3
Risk = ModTIME
25 min

OS=organ systems
Element=location, quality, severity, duration, timing, context, etc

EXHIBIT B



Depend on us to
get you better faster.

**Depend on teamwork
for better health:**

- Physical medicine & rehabilitation
- Interventional pain management/ injections
- EMG
- Chiropractic care
- Rehabilitation therapy
- Exercise physiology
- Psychology/pain management counseling
- Massage therapy
- Wellness/nutrition programs
- QFCES

Nonsurgical solutions:

- Auto, work & sports injuries
- Back & neck pain
- Shoulder pain
- Leg, ankle & foot pain
- Hand & wrist pain (carpal tunnel syndrome)
- Arm pain
- Arthritis, neuritis & bursitis pain
- Headaches

Effective

rehabilitation:

- Musculoskeletal injury
- Nerve injury
- Postsurgical rehabilitation
- Sciatica
- Stroke
- Postpolio syndrome
- Spinal cord & brain injury
- Joint replacement

FOLLOWUP VISIT
RE: Kerry Johnson
DATE: 8/11/04

John Moore, DO
1100 S. Broom Street
Wilmington, DE 19805

Dear Dr. Moore:

Today I had the opportunity of reevaluating your patient, Kerry Johnson, in our office. He was last seen over one year ago, in May of 2003. Since that time, he states that he continued to have intermittent episodes of neck and low back pain; however, in general he was doing better. Unfortunately, he was involved in a motor vehicle accident on 7/16/04. He was the driver of a car that was hit from behind from another, and then his car was pushed into the car in front him. He was wearing a seatbelt and denies any head injury, or loss of consciousness, or memory problems. He noted some neck and low back pain; however, he went home, and his pain increased later on that night. He took some hydrocodone that he had around the house, and he subsequently saw Dr. Krasner on 7/19/04. He was then seen in followup several weeks later by you and was referred to our office for further evaluation and treatment.

Currently, he relates to having cervical spine pain that is constant, is a burning type pain, and intermittent episodes of sharp, stabbing pain. Previously admits to pain radiating bilateral upper extremities, and it goes to the left upper extremity to the ring finger and the right to the middle finger. He states at times it goes into the right thumb. He states that with elevating his left arm and reaching above his shoulder he notes a numbness and tingling in his left arm with intermittent episodes of weakness. He states on a scale of 0-10, with 0 being no pain and 10 being severe, excruciating, unbearable pain, his cervical spine pain is between a 7 and 8/10. It is a burning sensation in the mid back area, and relates to having low back pain that at times is a sharp, stabbing pain, at other times a dull aching pain. His low back pain is a 6/10. He has intermittent episodes of pain radiating his left lower extremity to his calf area. He denies any weakness in either of his lower extremities. He states that activities that increase his pain include sitting. Activities that

Five convenient locations:

Foulk Road Office Park Plaza: (302) 529-8783 • 2006 Foulk Road, Suite B, Wilmington, DE 19810 • Fax: (302) 529-7470
 Medical Arts Complex: (302) 764-0271 • 700 Lea Boulevard, Suite 102, Wilmington, DE 19802 • Fax: (302) 762-4076
 Omega Professional Center: (302) 733-0980 • 87-B Omega Drive, Newark, DE 19713 • Fax: (302) 733-7495
 Glasgow Medical Center: (302) 832-8894 • 2600 Glasgow Avenue, Suite 210, Newark, DE 19702 • Fax: (302) 832-8897
 Walker Square: (302) 730-8848 • 830 Walker Road, Suite 11-1, Dover, DE 19901 • Fax: (302) 730-8846

FOLLOWUP VISIT

RE: Kerry Johnson

DATE: 8/11/04

Page 2

decrease his pain include changing positions, as well as taking his pain medication. The pain at times awakes him at night. He does have a preexisting history of cervical and lumbosacral spine pain, and this motor vehicle accident markedly increased his musculoskeletal symptomatologies.

He has been taking hydrocodone and Flexeril, and he feels that that does help.
He denies any drug allergies.

He states he has been having difficulty swallowing that predicated his motor vehicle accident, and he is scheduled for a GI evaluation on 8/17/04. He also has intermittent episodes of headaches. He denies any history of diabetes mellitus, rheumatic fever, scarlet fever, tuberculosis, hypertension, peptic ulcer disease, thyroid problems, kidney problems, chest pain, or shortness of breath. Review of systems is negative other than that which has been noted.

His past surgical history is significant for cervical spine surgery in 1992, then again in 2002. He has not had any new surgeries since his last visit last year. He is married and has four children between the ages of 27 and 13. He has not worked since November of 1999 and worked as a dock worker loading and unloading ships. He states that recently he has been looking for alternative employment. He denies smoking cigarettes, and he is a social drinker on occasion. He is continent of bowel and bladder.

PHYSICAL EXAMINATION: His blood pressure is 130/82, his height is 5'11", his weight is 180-1/2 pounds, and he is afebrile. Skin is soft and moist and no areas of ecchymosis. Cranial nerves III-XII are grossly intact. He does appear to be somewhat anxious and depressed. Cranial nerves III-XII are grossly intact. Speech and comprehension are intact. Deep tendon reflexes in the biceps and triceps are 2+/4 and symmetric. Brachioradialis is 1/4 and symmetric, and knee jerks 2/4, and the Achilles reflex is 1/4 and symmetric. Sensation is decreased in the left upper extremity versus the right and the left lower extremity versus the right lower extremity; however, it does not follow any specific dermatomal abnormality. He does have a positive Tinel's percussing the left median nerve and has a positive Phalen's sign at 10 seconds. He has a negative Hoffmann sign and has a negative Babinski sign. There is no clonus or fasciculations noted. He is able to get up on his tiptoes and his heels without any difficulty. On muscle strength testing, it is difficult

FOLLOWUP VISIT

RE: Kerry Johnson

DATE: 8/11/04

Page 3

to accurately assess secondary to pain being a limiting factor. There is no clear weakness in a radicular fashion.

Range of motion of cervical spine is restricted, and he can rotate to about 30 degrees bilaterally then he has decreased pain. Extension causes more discomfort than flexion. Rotation and side bending causes pain. On Spurling's maneuver he has pain in bilateral cervical and trapezius areas without pain radiating past his shoulder area. There is ropiness and tenderness from the occipital to T1. There is tenderness in the trapezius and levator scapulae region with some taut bands and several trigger points. There is also ropiness in the dorsal paraspinal region.

Flexion of his lumbar spine is his fingertips getting to about 2" below his knees and then he has increased pain. Extension 10 degrees. Rotation and side and bending causes pain, and he has sacral base unleveling. There is soreness in the lumbar area. When having him sit at the side of the table and extending his knees, he has increased low back pain, and he has hamstring tightness on straight leg raising with a negative crossed straight leg raising sign. Functionally, he ambulates independently.

IMPRESSION:

- 1) Cervical spine pain secondary to strain and sprain with preexisting history of chronic cervical spine pain and previous history of anterior discectomy and anterior body arthrodesis that occurred on 5/26/02 – recent exacerbation secondary to his motor vehicle accident of 7/16/04.
- 2) Lumbosacral spine pain secondary to strain and sprain with preexisting history of chronic intermittent lumbosacral spine pain with degenerative disc disease, L5-S1 and recent exacerbation.
- 3) Anxiety/depression – recent exacerbation.
- 4) Myofascial type pain.
- 5) Thoracic spine pain secondary to strain and sprain.

PLAN AND RECOMMENDATION: At this time, I did discuss his problems with him in detail. This initiation of rehab and chiropractic care and

FOLLOWUP VISIT

RE: Kerry Johnson

DATE: 8/11/04

Page 4

my treatment is 100 percent related to the motor vehicle accident of 7/16/04. If it were not for the 7/16/04 motor vehicle accident, he would not be seeing me or be requiring rehab therapy or chiropractic treatment at this time and would be following up with you. I have given him a prescription for a cervical spine x-ray with flexion and extension views, as well as a lumbosacral spine x-ray with obliques. I also recommended a left wrist splint for carpal tunnel symptomatologies. I have initiated chiropractic and rehab therapy at three times a week for four weeks with no active correction, and his program will include:

- 1) Hot packs and inferential current to the cervical, trapezius, as well as the lumbosacral spine region.
- 2) Myofascial release to the affected areas.
- 3) Cervical and lumbosacral spine stabilization program.
- 4) Trial of McKenzie's program for the cervical and lumbosacral spine area.
- 5) Reviewing all of his home exercises.

He states he recently got a prescription for hydrocodone from your office with apparently one years worth of refills, and, therefore, I will not be giving him a prescription for hydrocodone. I will hold off on a nonsteroidal anti-inflammatory, as well as a muscle relaxant, in view of his GI complaints. He is anxious and depressed, and I have referred him back to Dr. Irene Fisher for that. A formal followup has been scheduled in four weeks. I have instructed him to avoid repetitive motion of his wrist and will monitor that situation as far as his carpal tunnel symptomatologies are concerned. Further recommendations will be made in followup in four weeks, and he will be seeing you on a regular basis for all of his general medical needs.

Thank you for allowing me to participate in the care of your patient. If he has any progressive problems, he will be seeing me sooner than the four weeks.


Barry L. Bakst, D.O.

BLB/aew
8/17/04

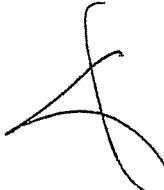


EXHIBIT C

Dalton & Associates, P.A.

Attorneys at Law
Cool Spring Meeting House
1106 West Tenth Street
Wilmington, DE 19806

(302) 652-2050
Fax (302) 652-0687

Bartholomew J. Dalton
Laura J. Simon

August 12, 2005

bdalton@b-dpa.com
lsimon@b-dpa.com

MaryBeth Carter
GEICO
One GEICO Blvd.
Fredericksburg, VA 22412-0002

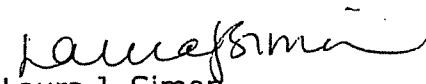
RE: Your Insured: Kerry Johnson
Our Client: Kerry Johnson
Claim No.: 0232413390101017
Date of accident: July 16, 2004

Dear Ms. Carter:

Enclosed please find a statement from Family Practice Associates for services rendered on 7/21/05 totaling \$42.00, along with the office note. Please pay this amount under PIP at your earliest convenience and send me confirmation of payment.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,


Laura J. Simon

Dalton & Associates, P.A.

LJS/jh
Enclosure
cc: Kasey Furrow, GEICO Claims
Claim No.: 017022343-0101-016



■ Government Employees Insurance Company
■ GEICO General Insurance Company
■ GEICO Indemnity Company
■ GEICO Casualty Company

One GEICO Blvd. ■ Fredericksburg, VA 22412-0001

March 25, 2005

COPY

KERRY W JOHNSON
1007 MISTOVER LN
NEWARK DE 19713-3346

CLAIM NUMBER: 023241339-0101-017

INSURED: Kerry W. Johnson

DATE OF LOSS: 7/16/04

Dear Mr. Johnson:

Enclosed please find a copy of the Independent Medical Examination (IME) report performed on you on March 14, 2005. Please be advised we will adhere to Dr. Willie Thompson's recommendations that as of the date of the examination Mr. Johnson had reached maximum medical improvement from the injuries sustained in the automobile accident on 7/16/04. Therefore we will honor no more medical billing after this date.

If I can be of further assistance, please do not hesitate to contact me at the number below. Please refer to the GEICO claim number when calling.

Sincerely,

Mary Beth Carter
Mary Beth Carter
Claims Examiner
1-800-841-1003 extension 4661

cc: Laura J. Simon - Attorney

E-1

Dalton & Associates, P.A.

Attorneys at Law
Cool Spring Meeting House
1106 West Tenth Street
Wilmington, DE 19806

(302) 652-2050
Fax (302) 652-0687

Bartholomew J. Dalton
Laura J. Simon

May 3, 2005

bdalton@b-dpa.com
lsimon@b-dpa.com

MaryBeth Carter
GEICO
One GEICO Blvd.
Fredericksburg, VA 22412-0002

RE: Your Insured: Kerry Johnson
Our Client: Kerry Johnson
Claim No.: 0232413390101017
Date of accident: July 16, 2004

Dear Ms. Carter:

Enclosed please find medical records from Rehabilitation Associates for services rendered on 9/17/04 through 10/12/04, along with their billing statements totaling \$1,489.85. Please pay this amount directly to the provider under PIP at your earliest convenience and send me confirmation of payment.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Laura J. Simon/LJ

Laura J. Simon
Dalton & Associates, P.A.

LJS/bj
Enclosure
cc: Kasey Furrow, GEICO Claims
Claim No.: 017022343-0101-016

Dalton & Associates, P.A.

Attorneys at Law
Cool Spring Meeting House
1106 West Tenth Street
Wilmington, DE 19806

(302) 652-2050
Fax (302) 652-0687

Bartholomew J. Dalton
Laura J. Simon

March 23, 2005

bdalton@b-dpa.com
lsimon@b-dpa.com

Jim Moseler
GEICO
One GEICO Blvd.
Fredericksburg, VA 22412-0002

RE: Your Insured: Kerry Johnson
Our Client: Kerry Johnson
Claim No.: 0232413390101017
Date of accident: July 16, 2004

Dear Mr. Moseler:

Enclosed please find medical records from Delaware Neurosurgical Group in regard to Kerry Johnson.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Laura J. Simon
Laura J. Simon
Dalton & Associates, P.A.

LJS/bj
Enclosure

Dalton & Associates, P.A.

Attorneys at Law
Cool Spring Meeting House
1106 West Tenth Street
Wilmington, DE 19806

(302) 652-2050
Fax (302) 652-0687

Bartholomew J. Dalton
Laura J. Simon

March 22, 2005

bdalton@b-dpa.com
lsimon@b-dpa.com

MaryBeth Carter
GEICO
One GEICO Blvd.
Fredericksburg, VA 22412-0002

RE: Your Insured: Kerry Johnson
Our Client: Kerry Johnson
Claim No.: 0232413390101017
Date of accident: July 16, 2004

Dear Ms. Carter:

Enclosed please find a statement from Family Practice Associates for services rendered on 3/11/05 totaling \$55.00, along with the office note. Please pay this amount under PIP at your earliest convenience and send me confirmation of payment.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,


Laura J. Simon
Dalton & Associates, P.A.

LJS/bj
Enclosure
cc: Kasey Furrow, GEICO Claims
Claim No.: 017022343-0101-016

Dalton & Associates, P.A.

Attorneys at Law
Cool Spring Meeting House
1106 West Tenth Street
Wilmington, DE 19806

(302) 652-2050
Fax (302) 652-0687

Bartholomew J. Dalton
Laura J. Simon

November 22, 2004

bdalton@b-dpa.com
lsimon@b-dpa.com

Jim Moseler
GEICO
One GEICO Blvd.
Fredericksburg, VA 22412-0002

RE: Your Insured: Kerry Johnson
Our Client: Kerry Johnson
Claim No.: 0232413390101017
Date of accident: July 16, 2004

Dear Mr. Moseler:

Enclosed please find a statement from Family Practice Associates in regard to Kerry Johnson for services rendered on 11/11/04 totaling \$55.00, along with the office note.

Please pay this amount directly to the provider under PIP at your earliest convenience and send me confirmation of payment.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Laura J. Simon
Laura J. Simon
Dalton & Associates, P.A.

LJS/bj
Enclosure
cc: Amy L. Violette, GEICO, Claim No.: 017022343-0101-016

EXHIBIT D

Dulton & Associates, P.A.

Attorneys at Law
Cool Spring Meeting House
1106 West Tenth Street
Wilmington, DE 19806

(302) 652-2050
Fax (302) 652-0687

Bartholomew J. Dalton
Laura J. Simon

December 9, 2004

bdalton@b-dpa.com
lsimon@b-dpa.com

Jennifer Harper
GEICO
One GEICO Blvd.
Fredericksburg, VA 22412-0002

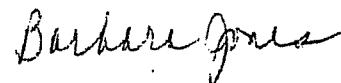
RE: Your Insured: Kerry Johnson
Our Client: Kerry Johnson
Claim No.: 0232413390101017
Date of accident: July 16, 2004

Dear Ms. Harper:

Enclosed please find the completed authorizations of Kerry Johnson.

If you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,



Barbara Jones
Secretary to
Laura J. Simon

/bj
Enclosure

MEDICAL PROVIDER LIST

CLAIM NUMBER: 017022343 0101016

NAME OF PATIENT: Kerry Johnson

SOCIAL SECURITY NUMBER OF PATIENT: 221-42-7246

DATE OF BIRTH: 8/12/56

List below the names and addresses of all persons (doctors, surgeons, dentists, ambulance/ emergency transportation operators, physical therapists, chiropractors, hospitals, nursing care facilities, funeral directors, etc.) who: (1) rendered or who are rendering services in connection with injuries sustained in the subject accident and the amount of bills, if known; and/or (2) rendered services during the time period from five (5) years prior to the subject accident to the current time, and the amount of bills, if known.

<u>NAME AND ADDRESS</u>	<u>AMOUNT OF BILL</u>
<u>JOHN J. MOORE, D.O.</u>	<u>UNKNOWN</u>
<u>1100 S. Broom St.</u>	
<u>WILMINGTON, DE 19805</u>	
<u>BARRY BAKST, D.O.</u>	
<u>700 LEA BLVD.</u>	
<u>WILMINGTON, DE</u>	

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE REVERSE OF THIS PAGE.

Are any of the expenses claimed herein covered by Blue Cross or other insurance group plan, government policy or plan, or other insurance policy? [Answer "yes" or "no"] (If "yes," then please give details on the reverse side of this form and indicate if you have collected or are making claim for any of these expenses.)

This form only seeks information. Your providing the requested information will speed-up the processing of your claim by allowing GEICO to request medical information directly from your doctor. The signing of this form is not a release of your claim so please do not delay returning this form.

Signature of the patient, the patient's guardian, or the personal representative of the patient:

Kerry W Johnson
SIGNATURE

Kerry W Johnson
PRINTED NAME

12-08-04
DATE

Case 1:06-cv-00406-JUF Document 12-3 Filed 08/24/2006 Page 4 of 18
YAKOU ROYFMAN, M.D.
MEDICAL ARTS PAVILION
NEWARK, DE 19713

IRENE FISHER, Psy.D.
87 OMEGA DR.
NEWARK, DE 19713

HIPAA COMPLIANT AUTHORIZATION TO OBTAIN MEDICAL RECORDS

To: _____

(Provider Name)

(Provider Address)

For purposes of evaluating a claim made by me and/or preparing and conducting a trial on the issues concerning a claim, you are hereby authorized to furnish to Government Employees Insurance Company, GEICO General Insurance Company, GEICO Indemnity Company, GEICO Casualty Company, or any of its representatives (individually and collectively referred to as "GEICO") any and all medical information which may be requested concerning my physical and/or mental condition and treatment (excluding "psychotherapy notes" as defined in 45 CFR 164.501) therefore, diagnosis, prognosis, and any and all records, files, or other documentation concerning the treatment, prescription, consultation or other advisory visits or events (collectively referred to as the "Records") that pertain to:

- KELLY JOHNSON,
[PATIENT: PRINT YOUR NAME ABOVE]
- DOB: 8/12/54,
[PATIENT: WRITE YOUR BIRTH DATE ABOVE]
- SSN: 221-42-7246
[PATIENT: WRITE YOUR SOCIAL SECURITY NUMBER ABOVE]
- The Records covered by this HIPAA Compliant Authorization cover the time period beginning five (5) years prior to the date of last treatment through [PATIENT: INDICATE YOUR LAST DATE OF TREATMENT IN THE FOLLOWING SPACE] 20, the date of last treatment, and up to and including the date of Provider's compliance with this HIPAA Compliant Authorization.
- The Records shall specifically include, but shall not be limited to, such condition and treatment as may pertain to the automobile accident/loss/claim of [PATIENT: INDICATE THE DATE OF THE AUTOMOBILE ACCIDENT/LOSS/CLAIM IN THE FOLLOWING SPACE] 7/16, 20 04.

The information covered by this HIPAA Compliant Authorization includes, but is not limited to, reports, records, test results, X-rays, and any other diagnostic testing, whether in your possession or available to you. I understand that the information in the Records may include information relating to sexually transmitted disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and other communicable diseases, behavioral health care/psychiatric care (excluding "psychotherapy notes" as defined in 45 CFR 164.501), and treatment for alcohol and/or drug abuse, and/or substance abuse. Copies of this Authorization shall be considered as valid as the original. This information is being requested for the purpose of evaluating a claim made by me and/or preparing and conducting a trial on the issues concerning this claim. This Authorization shall be valid for the duration of the claim. This is not a release of claims for damages. I further understand that I am entitled to a copy of this Authorization and acknowledge receipt by signing below. I acknowledge that the information disclosed pursuant to this Authorization may be re-disclosed by GEICO pursuant to applicable law and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA). I also authorize GEICO to further re-disclose the records received pursuant to this authorization, including, but not limited to, information relating to sexually transmitted disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) and other communicable diseases, behavioral health care/psychiatric care (excluding "psychotherapy notes" as

AUTHORIZATION TO OBTAIN LEAVE AND SALARY INFORMATION

Kerry Johnson hereby authorize _____ company, through its employees and authorized representatives, to acquire all leave and salary information available to and in the possession of any employer, concerning or in any way relating to time or salary loss relating to an injury or injuries received by _____ in an accident that occurred on 7/16, 2004, at or near _____. This information is being requested for the purpose of evaluating a claim made by this individual and in preparation for any proceedings connected with that claim. This authorization or a hotostatic copy will be tendered to any current or prior employer. This authorization shall be valid for the duration of the claim.

further understand that I am entitled to a copy of this authorization form and acknowledge receipt by signing below.

7-05-04
Date

Kerry W Johnson
Authorizing Party

Relationship, if not the injured party

MEMBER NATIONAL INSURANCE CRIME BUREAU

EXHIBIT E

Provider: 510110646-04
 NEUROLOGY ASSOCIATES PA
 774 CHRISTINA RD SUITE 1
 NEWARK, DE 19713

Bill ID: 2005012512262951DRE 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510110646-01
 NEUROLOGY ASSOCIATES PA
 1228 N SCOTT STREET
 WILMINGTON, DE 19806

Insured: DE
 DELAWARE

GW 8/1/05

Adjustor-ID:

CC: Client
 2/22/05

ICD9: 723.4 BRACHIAL NEURITIS NOS
 ICD9: 724.4 THORACIC LUMBOSACRAL NEURITIS NOS

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
11-17-04	72125 CAT SCAN CERVICAL		731.00	10.00	721.00	40
11-17-04	76375 TOMOGRAPHY		351.00	.00	351.00	
11-17-04	72114 XRAY LUMBOSACRAL		165.00	.00	165.00	
11-17-04	72050 XRAY CERVICAL		129.00	.00	129.00	
Totals			1376.00	10.00	1366.00	

** Reduction Explanations:

RC 40 The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

RC 40 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE IF THE APPROPRIATE CPT CODE WAS USED TO DESCRIBE THE SERVICES PROVIDED. IF THE APPROPRIATE CPT CODE WAS USED, WE WILL COMPARE THE PAYMENT MADE TO YOU WITH AMOUNTS CHARGED BY PROVIDERS OF THE SAME TYPE IN THE SURROUNDING GEOGRAPHIC AREA TO DETERMINE IF AN ADJUSTMENT IS APPROPRIATE.

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT
 ONE GEICO BLVD, FREDERICKSBURG, VA 22412
 PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: _____ PATIENT ATTORNEY _____ PROVIDER

EXHIBIT F

Provider: 510329923-12
 REHABILITATION ASSOC (MD/DO)
 OMEGA PROFESSIONAL CTR
 87B OMEGA DRIVE
 NEWARK, DE 19711

Bill ID: 2004092810014304DRE 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510329923-02
 REHABILITATION ASSOC
 2600 GLASGOW AVE #210
 NEWARK, DE 19702

Insured: DE
 DELAWARE

Adjustor-ID:

[CD9:723.1 CERVICALGIA
 [CD9:724.2 LUMBAGO
 [CD9:846.0 SPRAIN LUMBOSACRAL

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
08-23-04	97110 EXERCISES		67.00	14.69	52.31	40
08-23-04	97110 EXERCISES		67.00	14.69	52.31	40
08-23-04	97014 STIMULATION		38.00	1.00	37.00	40
08-23-04	97010 HOT COLD PACKS		20.00	.00	20.00	
08-25-04	97110 EXERCISES		67.00	14.69	52.31	40
08-25-04	97014 STIMULATION		38.00	1.00	37.00	40
08-25-04	97010 HOT COLD PACKS		20.00	.00	20.00	
Totals			317.00	46.07	270.93	

** Reduction Explanations:

RC 40 The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

RC 40 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE IF THE APPROPRIATE CPT CODE WAS USED TO DESCRIBE THE SERVICES PROVIDED. IF THE APPROPRIATE CPT CODE WAS USED, WE WILL COMPARE THE PAYMENT MADE TO YOU WITH AMOUNTS CHARGED BY PROVIDERS OF THE SAME TYPE IN THE SURROUNDING GEOGRAPHIC AREA TO DETERMINE IF AN ADJUSTMENT IS APPROPRIATE.

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT

Continued on next page

Provider: 510329923-12
REHABILITATION ASSOC (MD/DO)
OMEGA PROFESSIONAL CTR
87B OMEGA DRIVE
NEWARK, DE 19711

Bill ID: 2004092810014304DRE 00
Claim: 023241339-017
SSN: 221427246
Claimant: KERRY JOHNSON
Injured: 07-16-2004

Payee: 510329923-02
REHABILITATION ASSOC
2600 GLASGOW AVE #210
NEWARK, DE 19702

Insured: DE
DELAWARE

Adjustor-ID:

ONE GEICO BLVD, FREDERICKSBURG, VA 22412
PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: PATIENT ATTORNEY PROVIDER

EXPLANATION OF BENEFITS SUBMITTED TO G.E.I.C.O. INSURANCE

Page 1

Provider: 510329923-17
 REHABILITATION ASSOC (DC)
 87B OMEGA DRIVE
 NEWARK, DE 19711

Bill ID: 2004091615151325HCW 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510329923-02
 REHABILITATION ASSOC
 2600 GLASGOW AVE #210
 NEWARK, DE 19702

Insured: DE
 DELAWARE

Adjustor-ID:

ICD9: 724.2 LUMBAGO
 ICD9: 723.1 CERVICALGIA
 ICD9: 739.1 NONALLOPATHIC LESION CERVICAL REGIONAL
 ICD9: 784.0 HEADACHE

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
08-09-04	97535 HOME MANAGEMENT		31.00	.00	31.00	
08-09-04	97010 HOT COLD PACKS		20.00	.00	20.00	
08-13-04	99212 SUBSEQUENT VISIT		90.00	30.00	60.00	40
08-13-04	98940 MANIPULATION		62.00	2.00	60.00	40
08-16-04	98940 MANIPULATION		62.00	2.00	60.00	40
Totals			265.00	34.00	231.00	

** Reduction Explanations:

RC 40 The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

RC 40 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE IF THE APPROPRIATE CPT CODE WAS USED TO DESCRIBE THE SERVICES PROVIDED. IF THE APPROPRIATE CPT CODE WAS USED, WE WILL COMPARE THE PAYMENT MADE TO YOU WITH AMOUNTS CHARGED BY PROVIDERS OF THE SAME TYPE IN THE SURROUNDING GEOGRAPHIC AREA TO DETERMINE IF AN ADJUSTMENT IS APPROPRIATE.

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT
 ONE GEICO BLVD, FREDERICKSBURG, VA 22412

Continued on next page

EXPLANATION OF BENEFITS SUBMITTED TO G.E.I.C.O. INSURANCE

Page

2

Provider: 510329923-17
REHABILITATION ASSOC (DC)
87B OMEGA DRIVE
NEWARK, DE 19711

Bill ID: 2004091615151325HCW 00
Claim: 023241339-017
SSN: 221427246
Claimant: KERRY JOHNSON
Injured: 07-16-2004

Payee: 510329923-02
REHABILITATION ASSOC
2600 GLASGOW AVE #210
NEWARK, DE 19702

Insured: DE
DELAWARE

Adjustor-ID:

PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY PROVIDER

Provider: 510329923-17
 REHABILITATION ASSOC (DC)
 87B OMEGA DRIVE
 NEWARK, DE 19711

Bill ID: 2004092810001273DRE 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510329923-02
 REHABILITATION ASSOC
 2600 GLASGOW AVE #210
 NEWARK, DE 19702

Insured: DE
 DELAWARE

Adjustor-ID:

ICD9: 724.2 LUMBAGO
 ICD9: 723.1 CERVICALGIA
 ICD9: 739.1 NONALLOPATHIC LESION CERVICAL REGIONAL
 ICD9: 784.0 HEADACHE

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
08-27-04	98940 MANIPULATION		62.00	2.00	60.00	40
09-02-04	98940 MANIPULATION		62.00	2.00	60.00	40
Totals			124.00	4.00	120.00	

** Reduction Explanations:

RC 40 The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

RC 40 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE IF THE APPROPRIATE CPT CODE WAS USED TO DESCRIBE THE SERVICES PROVIDED. IF THE APPROPRIATE CPT CODE WAS USED, WE WILL COMPARE THE PAYMENT MADE TO YOU WITH AMOUNTS CHARGED BY PROVIDERS OF THE SAME TYPE IN THE SURROUNDING GEOGRAPHIC AREA TO DETERMINE IF AN ADJUSTMENT IS APPROPRIATE.

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT
 ONE GEICO BLVD, FREDERICKSBURG, VA 22412
 PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY _____ PROVIDER

EXPLANATION OF BENEFITS SUBMITTED TO G.E.I.C.O. INSURANCE

Page

1

Provider: 510329923-12
 REHABILITATION ASSOC (MD/DO)
 OMEGA PROFESSIONAL CTR
 87B OMEGA DRIVE
 NEWARK, DE 19711

Bill ID: 2004091615170154HCW 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510329923-02
 REHABILITATION ASSOC
 2600 GLASGOW AVE #210
 NEWARK, DE 19702

Insured: DE
 DELAWARE

Adjustor-ID:

ICD9: 723.1 CERVICALGIA
 ICD9: 724.2 LUMBAGO
 ICD9: 846.0 SPRAIN LUMBOSACRAL

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
08-11-04	99214 SUBSEQUENT VISIT Reviewed As 99213		214.00	104.85	109.15	43 40
08-12-04	97150 GROUP THERAPY	52	56.00	.00	56.00	
08-12-04	97014 STIMULATION		38.00	1.00	37.00	40
08-12-04	97010 HOT COLD PACKS		20.00	.00	20.00	
08-13-04	97150 GROUP THERAPY	52	56.00	.00	56.00	
08-13-04	97014 STIMULATION		38.00	1.00	37.00	40
08-13-04	97010 HOT COLD PACKS		20.00	.00	20.00	
08-16-04	97150 GROUP THERAPY	52	56.00	.00	56.00	
08-16-04	97014 STIMULATION		38.00	1.00	37.00	40
08-16-04	97010 HOT COLD PACKS		20.00	.00	20.00	
08-19-04	97150 GROUP THERAPY		98.00	4.00	94.00	40
Totals			654.00	111.85	542.15	

** Reduction Explanations:

RC 40 The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.

RC 43 The procedure billed exceeds the level of service required by the diagnosis given or the condition for which this patient is being treated.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

RC 40 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE IF THE APPROPRIATE CPT CODE WAS USED

Continued on next page

EXPLANATION OF BENEFITS SUBMITTED TO G.E.I.C.O. INSURANCE

Page

2

Provider: 510329923-12
 REHABILITATION ASSOC (MD/DO)
 OMEGA PROFESSIONAL CTR
 87B OMEGA DRIVE
 NEWARK, DE 19711

Bill ID: 2004091615170154HCW 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510329923-02
 REHABILITATION ASSOC
 2600 GLASGOW AVE #210
 NEWARK, DE 19702

Insured: DE
 DELAWARE

Adjustor-ID:

TO DESCRIBE THE SERVICES PROVIDED. IF THE APPROPRIATE CPT CODE WAS USED, WE WILL COMPARE THE PAYMENT MADE TO YOU WITH AMOUNTS CHARGED BY PROVIDERS OF THE SAME TYPE IN THE SURROUNDING GEOGRAPHIC AREA TO DETERMINE IF AN ADJUSTMENT IS APPROPRIATE.

RC 43 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY COMPARE THE INFORMATION IN THE MEDICAL RECORDS WITH THE CPT CODE MANUAL REQUIREMENTS REGARDING THE LEVEL OF SERVICE PROVIDED BY YOU TO THE PATIENT. IN MAKING THIS DETERMINATION, WE WILL CONSIDER THE COMPLEXITY OF THE STATED DIAGNOSIS AND TREATMENT PLAN TO ENSURE THAT THE PAYMENT ALLOWANCE REFLECTS THE LEVEL OF SERVICE PROVIDED BY YOU TO THE PATIENT.

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT
 ONE GEICO BLVD, FREDERICKSBURG, VA 22412
 PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY PROVIDER

Provider: 510329923-12
 REHABILITATION ASSOC (MD/DO)
 OMEGA PROFESSIONAL CTR
 87B OMEGA DRIVE
 NEWARK, DE 19713

Bill ID: 2004102111284094DRE 00
 Claim: 023241339-017
 SSN: 221427246
 Claimant: KERRY JOHNSON
 Injured: 07-16-2004

Payee: 510329923-02
 REHABILITATION ASSOC
 2600 GLASGOW AVE #210
 NEWARK, DE 19702

Insured: DE
 DELAWARE

Adjustor-ID:

ICD9: 723.1 CERVICALGIA
 ICD9: 724.2 LUMBAGO
 ICD9: 846.0 SPRAIN LUMBOSACRAL

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
09-16-04	95861 ELECTROMYOGRAPHY		536.00	151.00	385.00	40
09-16-04	95934 H REFLEX STUDY		91.00	.00	91.00	
09-16-04	95934 H REFLEX STUDY		91.00	.00	91.00	
09-16-04	95900 NERVE CONDUCTION		90.00	.00	90.00	
09-16-04	95900 NERVE CONDUCTION		90.00	.00	90.00	
09-16-04	95900 NERVE CONDUCTION		90.00	.00	90.00	
09-16-04	95900 NERVE CONDUCTION		90.00	.00	90.00	
09-16-04	95904 NERVE CONDUCTION		88.00	.00	88.00	
09-16-04	95904 NERVE CONDUCTION		88.00	.00	88.00	
09-16-04	95904 NERVE CONDUCTION		88.00	.00	88.00	
Totals			1342.00	151.00	1191.00	

** Reduction Explanations:

RC 40 The charge for the services exceeds an amount which would appear reasonable when compared to the charges of other providers in the same geographic area.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

RC 40 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE IF THE APPROPRIATE CPT CODE WAS USED TO DESCRIBE THE SERVICES PROVIDED. IF THE APPROPRIATE CPT CODE WAS USED, WE WILL COMPARE THE PAYMENT MADE TO YOU WITH AMOUNTS CHARGED BY PROVIDERS OF THE SAME TYPE IN THE SURROUNDING GEOGRAPHIC AREA TO DETERMINE IF AN ADJUSTMENT IS APPROPRIATE.

Provider: 510329923-12 Bill ID: 2004102111284094DRE 00
REHABILITATION ASSOC (MD/DO) Claim: 023241339-017
OMEGA PROFESSIONAL CTR SSN: 221427246
87B OMEGA DRIVE Claimant: KERRY JOHNSON
NEWARK, DE 19713 Injured: 07-16-2004

Payee: 510329923-02 Insured: DE
REHABILITATION ASSOC DELAWARE
2600 GLASGOW AVE #210
NEWARK, DE 19702

Adjustor-ID:

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT
ONE GEICO BLVD, FREDERICKSBURG, VA 22412
PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY PROVIDER

EXHIBIT G



■ Government Employees Insurance Company
■ GEICO General Insurance Company
■ GEICO Indemnity Company
■ GEICO Casualty Company

One GEICO Blvd. ■ Fredericksburg, VA 22412-0001

September 20, 2004

MR KERRY W JOHNSON
1007 MISTOVER LN
NEWARK, DE 19713-3346

CLAIM NUMBER: 023241339-017
DATE OF LOSS: 07/16/04

Dear Mr Johnson:

One of GEICO's obligations is to assure medical benefits paid on your behalf accurately reflect services provided and reasonable reimbursement for those services. As we explained in our initial letter to you, medical bills are reviewed to determine if the charges for treatment are reasonable (usual and prevailing) for the geographical area in which the treatment was rendered. Only those charges for services determined medically necessary will be considered.

We have reviewed the bills and our findings are enclosed for your information. Any subsequent bills will be reviewed in the same manner. If further consideration is requested, we would require a written response from your provider(s) within 30 days. Additionally, should you receive a bill for the balance of a payment benefit, please send it to us for handling.

Should you have any additional questions regarding your claim, please contact your adjuster, **J Moseler, at 1-800-841-1003, extension 4661.**

Sincerely,

Claims Department

EXHIBIT H

Delaware Recovery Systems, Inc.
Glasgow Medical Center
2600 Glasgow Avenue Suite #205
Newark, Delaware 19702
Phone (302) 832-3369 Fax (302) 832-5854

APR 12 2005

Date: 03/31/05
RE: Johnson, Kerry
Account #: 10198

Dear: Attorney,

This is in reference to our above named patient/your client. Unfortunately, the patient's insurance carrier is denying our claims for services we rendered to the patient.

As this is a personal injury/workmans compensation case, we do not want to bill the patient directly, however, at this time we must protect the physician's interests. Therefore, we must obtain a letter of protection from your office. Upon receipt of your letter we will waive payment until the settlement of the case. If your client will not authorize you to protect this balance due, kindly notify our office so we may take appropriate action to collect the balance.

We have enclosed a copy of the patient's account balance for your review. Thank you in advance for your attention to this matter.

Sincerely,

Connie Salvatelli

Delaware Recovery Systems, Inc.

Enclosure

This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

EXHIBIT I

STONEY BATTER FAMILY MEDICINE ASSOCIATES, P.A.

HAL KRAMER, M.D.
SCOTT SCHAEFFER, M.D.
ANNE E. ARCHBALD, N.P.-C., M.S.N.
JENNY L. HUGHES, N.P.-C., M.S.N.

November 14, 2005

RE: Sharon Anderson
DOA: August 3, 2004.

Dear Ms. Simon,

I'm providing this letter at your request to describe treatment for which Ms. Anderson received as a result of a motor vehicle accident on August 3, 2004.

The patient first presented for evaluation of injuries sustained from this car accident on August 5, 2004. At that time, the patient described the accident as a rear end collision where she did not sustain any head trauma, or loss of consciousness. At that time she complained of significant headache which was throbbing in nature. Patient also complained of a whiplash type injury consisting of posterior neck muscle pain. There were no other associated neurological symptoms which could have suggested a peripheral neuropathy. The patient also complained of low back pain which was of equal intensity bilaterally, also with no association of neurological symptoms. Her exam at that time was only significant for tenderness of the back and neck muscles. A CAT scan of the head was ordered to rule out any intracranial injury, and medication was prescribed with simple instructions for home exercises and stretches. The patient was instructed to return in approximately two weeks if symptoms did not resolve. Unfortunately, the CAT scan of the head was not completed.

Patient was next seen on June 13, 2005 for re-evaluation of her neck and lumbar strain which at this point had become chronic. Patient did not make any contact with my office regarding the injuries sustained during this motor vehicle accident in the time between the March 5, 2004 office visit, and the June 13, 2005 office visit. During this June 2005 office visit, the patient states that she did have an exacerbation of the neck and back pain without any specific cause. As indicated in the progress notes, patient did miss work because of neck and back pain during several days in September, October, and April of 2005. During this June 13, 2005 office visit, the patient was again prescribed muscle relaxants and anti-inflammatories, and was also referred to physical therapy for evaluation and treatment. Patient was initially evaluated by the physical therapist on July 19, 2005, and was discharged from treatment on October 27, 2005 after it was determined that physical therapy treatment would not benefit the patient any further. Patient was instructed on a home exercise program, and educated on proper posture to minimize symptoms. Before the patient was finally discharged from physical therapy, patient did have a final office visit on October 10, 2005, at which time it was agreed that the patient would not benefit from further physical therapy and she was left with mild neck and low back pain which may be exacerbated from time to time.

STONEY BATTER FAMILY MEDICINE ASSOCIATES, P.A.

HAL KRAMER, M.D.
SCOTT SCHAEFFER, M.D.
ANNE E. ARCHBALD, N.P.-C., M.S.N.
JENNY L. HUGHES, N.P.-C., M.S.N.

It is also important to note the patient does have a history of low back pain for which the patient was seen several times in 2002. Patient was also referred to a back specialist who referred her at that time to physical therapy and prescribed ibuprofen. Patient had been relatively stable with her low back pain until it was exacerbated during the accident on August 3, 2004. It is within reasonable medical probability that the accident which occurred on August 3, 2004 did exacerbate her low back pain condition. However, currently, the patient has minimal discomfort. Patient has full range of motion, full functionality, and is able to engage in her activities of daily living without difficulty. The patient's prognosis is good, and it can be believed the patient will have permanent problems with exacerbations of back and neck pain from time to time depending on physical activity. At this time, the patient has no disabilities, but the patient was advised not to engage in any heavy manual labor which would require heavy lifting. Also, it is estimated that there is no anticipated future treatment which is planned as a result of this August 3, 2004 accident. It may be determined with reasonable medical probability that the accident of August 3, 2004 exacerbated a previous low back pain condition and ultimately worsened her condition by approximately 10%.

I hope this narrative has been helpful, please contact my office if any further information is required at (302) 234-9109.

Sincerely,



Horatio C. Jones, III, MD

EXHIBIT J

Statement Details

Page 1
09/06/2005
 302-234-2080
 Fed. Tax ID No.: 51 0339390

Stoney Batter Family Medicine
 5301 Limestone Rd. #222
 Wilmington, DE 19808

For patient : SHARON ANDERSON
 216 NORTH CONNELL STREET
 WILMINGTON, DE 19805

Line No.	Date	Description	Charge	Copay or Deductible	Payment	Adjust-ment	Debit/ Transfer	Patient Responsibility	Balance
		*** For bill no. : 1 ***		\$0.00				\$0.00	\$0.00
		Diagnoses : 8469 -8479 -		\$0.00				\$0.00	\$0.00
1	08/05/2004	99214,EST PT LEVEL 4 VISIT	\$145.00	\$0.00				\$0.00	\$145.00
2	11/10/2004	NO PIP APPLICATION ON FILE		\$0.00				\$0.00	\$145.00
3	12/08/2004	GEICO #71957785		\$0.00	\$145.00			\$0.00	\$0.00
		*** For bill no. : 2 ***		\$0.00				\$0.00	\$0.00
		Diagnoses : 8460 -8470 -		\$0.00				\$0.00	\$0.00
4	06/13/2005	99214,EST PT LEVEL 4 VISIT	\$145.00	\$0.00				\$0.00	\$145.00
5	08/29/2005	GEICO#4590212		\$0.00	\$114.00			\$0.00	\$31.00
6	08/29/2005	INS.:Pat.Resp.for this bill		\$31.00				\$31.00	\$31.00

SERVICE STATEMENT

Stoney Batter Family Medicine
5301 Limestone Rd. #222
Wilmington, DE 19808

09/06/2005

302-234-2080

Fed. Tax ID No.: 51 0339390

* Make checks payable to Stoney Batter Family Medicine *
** Please return this page with your payment **
*** Details of the bill are on the following pages ***

To : SHARON ANDERSON : (ANSH-M)
216 NORTH CONNELL STREET
WILMINGTON DE 19805

Balance shown is patient's responsibility.
Please remit payment upon receipt of bill : \$ 31.00

=====

THANK YOU

EXHIBIT K

EXPLANATION OF BENEFITS SUBMITTED TO G.E.I.C.O. INSURANCE

Provider: 510251928-06
 PRO PHYSICAL THERAPY
 100 VALLEY CENTER DR
 WILMINGTON, DE 19808

Bill ID: 2005083115095122HCW 00
 Claim: 014124013-027
 SSN: 221520746
 Claimant: SHARON ANDERSON
 Injured: 08-03-2004

Payee: 510251928-01
 PRO PHYSICAL THERAPY
 1812 MARSH RD, STE 505
 WILMINGTON, DE 19810

Insured: DE
 DELAWARE

Adjustor-ID:

ICD9: 723.1 CERVICALGIA
 ICD9: 728.85 SPASM OF MUSCLE
 ICD9: 847.0 NECK SPRAIN

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
07-21-05	97530 ACTIVITIES	59	50.00	.00	50.00	
07-21-05	97110 EXERCISES		50.00	.00	50.00	
07-21-05	97110 EXERCISES		50.00	.00	50.00	
07-21-05	97014 STIMULATION		35.00	35.00	.00	51
07-21-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
07-25-05	97530 ACTIVITIES	59	50.00	.00	50.00	
07-25-05	97110 EXERCISES		50.00	.00	50.00	
07-25-05	97110 EXERCISES		50.00	.00	50.00	
07-25-05	97014 STIMULATION		35.00	35.00	.00	51
07-25-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
07-26-05	97530 ACTIVITIES	59	50.00	.00	50.00	
07-26-05	97110 EXERCISES		50.00	.00	50.00	
07-26-05	97110 EXERCISES		50.00	.00	50.00	
07-26-05	97012 TRACTION		35.00	.00	35.00	
07-26-05	97014 STIMULATION		35.00	35.00	.00	51
07-26-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
07-29-05	97014 STIMULATION		35.00	35.00	.00	51
07-29-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
08-02-05	97530 ACTIVITIES	59	50.00	.00	50.00	
08-02-05	97110 EXERCISES		50.00	.00	50.00	
08-02-05	97110 EXERCISES		50.00	.00	50.00	
08-02-05	97012 TRACTION		35.00	.00	35.00	
08-02-05	97014 STIMULATION		35.00	35.00	.00	51
08-02-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
08-04-05	97530 ACTIVITIES	59	50.00	.00	50.00	
08-04-05	97110 EXERCISES		50.00	.00	50.00	
08-04-05	97110 EXERCISES		50.00	.00	50.00	
08-04-05	97012 TRACTION		35.00	.00	35.00	
08-04-05	97014 STIMULATION		35.00	35.00	.00	51
08-04-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
08-09-05	97530 ACTIVITIES	59	50.00	.00	50.00	
08-09-05	97110 EXERCISES		50.00	.00	50.00	
08-09-05	97110 EXERCISES		50.00	.00	50.00	
08-09-05	97014 STIMULATION		35.00	35.00	.00	51

Continued on next page

Provider: 510251928-06

PRO PHYSICAL THERAPY
 100 VALLEY CENTER DR
 WILMINGTON, DE 19808

Bill ID: 2005083115095122HCW '00

Claim: 014124013-027

SSN: 221520746

Claimant: SHARON ANDERSON

Injured: 08-03-2004

Payee: 510251928-01

PRO PHYSICAL THERAPY
 1812 MARSH RD, STE 505
 WILMINGTON, DE 19810

Insured: DE

DELAWARE

Adjustor-ID:

ICD9: 723.1 CERVICALGIA

ICD9: 728.85 SPASM OF MUSCLE

ICD9: 847.0 NECK SPRAIN

Date	Service	Mods	Charge	Reduction	Allowance	Reasons
18-09-05	97010 HOT COLD PACKS		30.00	30.00	.00	51
Totals			1460.00	455.00	1005.00	

* Reduction Explanations:

RC 51 The provider performed a physical medicine modality that would provide no therapeutic benefit during the chronic period of the diagnosed conditions.

THE ABOVE EXPLANATION OF BENEFIT REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES AS SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE FOLLOWING CRITERIA:

IC 51 RE-EVALUATION CRITERIA: SUBMIT MEDICAL RECORDS SO THAT WE MAY DETERMINE THE LENGTH OF ACUTE CARE BASED ON THE PATIENT'S AGE, DIAGNOSIS AND MEDICAL INTERVENTION. THE MEDICAL RECORDS MUST INCLUDE POSITIVE, SPECIFIC, OBJECTIVE FINDINGS TO INDICATE THE APPROPRIATE USE OF THE PHYSICAL MEDICINE MODALITY, AS WELL AS A PROGRESSION TO AN ACTIVE THERAPEUTIC EXERCISE PROGRAM WITH A DECREASE IN PASSIVE MODALITIES. IF WE ARE UNABLE TO VALIDATE ONGOING ACUTE CARE TREATMENT, WE MAY SEEK INDEPENDENT MEDICAL REVIEW.

CORRESPONDENCE SHOULD BE SENT TO:

GEICO DIRECT
 ONE GEICO BLVD, FREDERICKSBURG, VA 22412
 PHONE 1-800-841-1003 EXT _____ ADJ CODE _____

PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY _____ PROVIDER

EXHIBIT L

Client:

FREDERICKSBURG-DELAWARE - 05
 GEICO - FREDERICKSBURG
 ONE GEICO BOULEVARD
 FREDERICKSBURG, VA 22412
 PHONE: 800-841-1003

Case: GE2-05DE-0001010

Provider:

PRO PHYSICAL THERAPY
 1812 MARSH ROAD SUITE 505
 WILMINGTON, DE 19810

ANDERSON, SHARON
 216 N CONNELL ST
 WILMINGTON, DE 198053635

Tax ID: 510251928 Type: PT Specialty (1): UNKNOWN Claim Number: 014124013010102701
 License: Specialty (2): Carrier Received Date: 10-11-2005
 External ID: 510251928XXXXXX1 Social Security Number: XXX-XX-XXXX
 Account Number: RA05DE879070 Invoice Date: Date of Loss: 08-03-2004
 Medicare Number: Policyholder: Policy Number:
 Region:

Case Details	Risk:	DE	Dates of Service:	09-27-2005 to 09-29-2005	Reviewer:	@@/
	File:	0000000/0000000	Post Date:	11-03-2005	Client Type of Bill:	
	Adjuster:	D. CURRY	PPO Network:		DRG:	
	AdjCd:	05F883	PPO Claim:		Pay Authorization:	
Dx 1: 728.85	SPASM OF MUSCLE	Dx 2: 723.1	CERVICALGIA	Dx 3: 847.0	SPRAIN OF NECK	
Dx 4:		Dx 5:				

Line	Date	POS	TOS	Rev./Proc. Code	Modifiers	Dx.	Units	Description	Explanation	Code(s)	
					Charges	Review	PPO	UR	Co-Pay	Deduct.	Allow.
1	09-27-2005	11	1	97014		1	1	ELECTRIC STIMULATION		767	
					35.00		35.00				
2	09-27-2005	11	1	97530		1	1	(59)THERAPEUTIC ACTIVITY		50.00	
					50.00					767	
3	09-27-2005	11	1	97010		1	1	HOT OR COLD PACK			
					30.00		30.00				
4	09-27-2005	11	1	97110		1	2	THERAPEUTIC EXERCISE		100.00	
					100.00						
5	09-29-2005	11	1	97110		1	2	THERAPEUTIC EXERCISE		100.00	
					100.00					767	
6	09-29-2005	11	1	97010		1	1	HOT OR COLD PACK			
					30.00		30.00				
7	09-29-2005	11	1	97014		1	1	ELECTRIC STIMULATION		767	
					35.00		35.00				
8	09-29-2005	11	1	97530		1	1	THERAPEUTIC ACTIVITY		50.00	
					50.00						
Totals		Total Charges:				430.00		130.00		300.00	
Bill Review Reductions:											
Recommended Allowance:											

CORRESPONDENCE SHOULD BE SENT TO THE ABOVE ADDRESS AND ATTENTION OF:
 ADJUSTER CODE _____ EXTENSION _____

GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003
 DCN: 2307848

Explanation of Review

Client:

FREDERICKSBURG-DELAWARE - 05

GEICO - FREDERICKSBURG
ONE GEICO BOULEVARD
FREDERICKSBURG, VA 22412
PHONE: 800-841-1003

Case: GE2-05DE-0001010

Provider:

PRO PHYSICAL THERAPY
1812 MARSH ROAD SUITE 505
WILMINGTON, DE 19810

Claim:

ANDERSON, SHARON
216 N CONNELL ST
WILMINGTON, DE 198053635

Tax ID: 510251928 Type: PT Specialty (1): UNKNOWN
License: Specialty (2):
External ID: 510251928XXXXXX1
Account Number: RA05DE879070 Invoice Date:
Medicare Number:
Region:

Claim Number: 014124013010102701
Carrier Received Date: 10-11-2005
Social Security Number: XXX-XX-XXXX
Date of Loss: 08-03-2004
Policyholder:
Policy Number:

Case Details	Risk:	DE	Dates of Service:	09-27-2005 to 09-29-2005	Reviewer:	@@/
	File:	0000000/0000000	Post Date:	11-03-2005	Client Type of Bill:	
	Adjuster:	D. CURRY	PPO Network:		DRG:	
	AdjCd:	05F883	PPO Claim:		Pay Authorization:	
	Phone:	800-841-1003 ext. 7853				
Dx 1:	728.85	SPASM OF MUSCLE	Dx 2:	723.1 CERVICALGIA	Dx 3:	847.0 SPRAIJN OF NECK
Dx 4:			Dx 5:			

Line	Date	POS	TOS	Rev./Proc. Code	Modifiers	Dx.	Units	Description	UR	Co-Pay	Explanation	Code(s)
					Charges	Review		PPO			Deduct.	Allow.

Messages:

*767
PHYSICAL MEDICINE MODALITIES THE PROVIDE NO THERAPEUTIC BENEFIT DURING THE CHRONIC PERIOD OF THE DIAGNOSED CONDITION ARE NOT REIMBURSABLE.
THIS EXPLANATION OF REVIEW REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE IDENTIFIED CRITERIA. SEE RE-EVALUATION CRITERIA ENCLOSED.
PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY _____ PROVIDER

Notes:

CORRESPONDENCE SHOULD BE SENT TO THE ABOVE ADDRESS AND ATTENTION OF:
ADJUSTER CODE _____ EXTENSION _____

GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003
DCN: 2307848

MESSAGE MODIFIER	RE-EVALUATION CRITERIA
204	Submit documentation to support the need for the disallowed procedure in light of the fact that it was performed on the same date as another procedure for which reimbursement was allowed.
435	Submit documentation that clearly defines the reason or logic for reimbursement of the lesser-valued surgical procedure performed on the same date as the higher-valued surgical procedure.
252	Identify the service you provided or the materials you supplied. You may present an invoice from your durable medical equipment supplier, and you will be reimbursed 150% of the wholesale cost.
220	Submit medical records confirming that, with respect to the visit for which you billed on the same day as the surgical procedure, you provided a service that was unrelated to the surgical procedure.
224	Submit medical records confirming that the services you provided on the same day were not duplicative services. You must use the appropriate identifying modifier when you make multiple charges for the same CPT code on the same day.
253	Submit the invoice that shows the supplier's wholesale cost. We will reimburse 150% of the supplier's wholesale cost.
760	Submit documentation to demonstrate that these are not charges for educational supplies. Educational supplies are not viewed as a component of treatment and therefore, are not reimbursable.
761	Submit documentation showing the circumstances of the missed appointment. We will reimburse charges for a missed appointment only if you demonstrate extreme extenuating circumstances.
762	Submit documentation to demonstrate that these are not charges for vitamins or supplements. Vitamins and supplements are not viewed as a component of treatment with this diagnosis and, therefore, are not reimbursable.
206	Submit document that supports and clearly defines the need for this procedure.
257	Submit documentation that demonstrates that the claims examiner requested the special report as a supplement to the daily treatment notes or the evaluation and management notes.
229	Submit documentation that clearly links the procedure to trauma sustained as a direct result of the automobile accident.
763	Submit documentation to substantiate the need for a Surface EMG. If we are unable to establish medical necessity, we may seek independent medical review.
764	Submit documentation to support the need for a second provider to read the X-rays in that the charge was reimbursed previously to another provider.
765	Submit medical records so that we may determine if the appropriate CPT code was used to describe the services provided. If the appropriate CPT code was used, we will compare the payment made to you with amounts charged by providers of the same type in the surrounding geographic area to determine if an adjustment is appropriate.
766	Submit medical records so that we may compare the information in the medical records with the CPT code manual requirements regarding the level of service provided by you to the patient. In making this determination, we will consider the complexity of the stated diagnosis and treatment plan to ensure that the payment allowance reflects the level of service provided by you to the patient.
767	Submit medical records so that we may substantiate the physical medicine procedures and modalities performed. In reviewing the medical records, we will look at the functional goals of treatment. The functional goals must be clearly defined, easily recognized and based on a thorough evaluation of the patient. Evidence of improvement and the patient's response to treatment should confirm that the functional goals are being met. You must identify any underlying risk factors and their therapy. If we are unable to establish medical necessity, we may seek independent medical review.
768	Submit the invoice you received for the drug or supply. We will reimburse 150% of the wholesale price of the drug or supply.

CO DIRECT	GOVERNMENT EMPLOYEES INSURANCE COMPANY	WORKERS COMPENSATION	FLEET NATIONAL BANK	51-44	075545666
			HARTFORD, CONNECTICUT	119	
			POLICY/CLAIM NUMBER	ADJ	CHECK NUMBER
Office - ONE GEICO PLAZA	■ Washington, DC 20076	CO CODE	0141240130101027	F883	N75545666
RS NUMBER/ATTY ADJ	ID	DATE ISSUED	08/03/04	CLAIMANT	
0251928	L.P NBM	ACCIDENT DATE	08/03/04	SHARON ANDERSON	EXPENSE
		FEATURE/AMOUNT	150.00		FCC
					05

ONE-HUNDRED-FIFTY AND ONE DOLLARS \$150.00

TO HORATIO JONES
RE PRO PHYSICAL THERAPY
ER

DALTON & ASSOCIATES PA
1106 WEST TENTH STREET
WILMINGTON, DE 19806

TO:

■ 75545666 ■ 0119004450

C
191910

IN PAYMENT OF PERSONAL INJURY PROTECTION
10/04/2005 - 10/04/2005
ACCT# RA05DE879070
EOB

SHARON ANDERSON



Client:

FREDERICKSBURG-DELAWARE - 05
 GEICO - FREDERICKSBURG
 ONE GEICO BOULEVARD
 FREDERICKSBURG, VA 22412
 PHONE: 800-841-1003

Case: GE2-05DE-0001011

Provider:

PRO PHYSICAL THERAPY
 1812 MARSH ROAD SUITE 505
 WILMINGTON, DE 19810

Claim:

ANDERSON, SHARON
 216 N CONNELL ST
 WILMINGTON, DE 198053635

Tax ID:	510251928	Type:	PT	Specialty (1):	UNKNOWN	Claim Number:	014124013010102701
License:				Specialty (2):		Carrier Received Date:	10-20-2005
External ID:	510251928XXXXXX1					Social Security Number:	XXX-XX-XXXX
Account Number:	RAU51DE879070			Invoice Date:		Date of Loss:	08-03-2004
Medicare Number:						Policyholder:	
Region:						Policy Number:	

Case Details	Risk:	DE	Dates of Service:	10-04-2005	Reviewer:	@@/		
	File:	0000000/0000000	Post Date:	11-03-2005	Client Type of Bill:			
	Adjuster:	D. CURRY	PPO Network:		DRG:			
	AdjCd:	05F883	PPO Claim:		Pay Authorization:			
	Phone:	800-841-1003 ext. 7853						
Dx 1:	728.85	SPASM OF MUSCLE	Dx 2:	723.1	CERVICALGIA	Dx 3:	847.0	SPRAIN OF NECK
Dx 4:			Dx 5:					

Line	Date	POS	TOS	Rev./Proc. Code	Modifiers	Dx.	Units	Description	Explanation	Code(s)	
					Charges	Review		PPO	Co-Pay	Deduct.	Allow.
1	10-04-2005	11	1	97110	100.00		1	2	THERAPEUTIC EXERCISE		100.00
2	10-04-2005	11	1	97530	50.00		1	1	(59)THERAPEUTIC ACTIVITY		50.00
3	10-04-2005	11	1	97010	30.00		1	1	HOT OR COLD PACK		767
4	10-04-2005	11	1	97014	35.00		1	1	ELECTRIC STIMULATION		767
Totals					215.00						150.00
				Total Charges:							
				Bill Review Reductions:							
				Recommended Allowance:							

Messages:

*767 PHYSICAL MEDICINE MODALITIES THE PROVIDE NO THERAPEUTIC BENEFIT DURING THE CHRONIC PERIOD OF THE DIAGNOSED CONDITION ARE NOT REIMBURSABLE.
 THIS EXPLANATION OF REVIEW REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE IDENTIFIED CRITERIA. SEE RE-EVALUATION CRITERIA ENCLOSED.
 PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY _____ PROVIDER

Notes:

CORRESPONDENCE SHOULD BE SENT TO THE ABOVE ADDRESS AND ATTENTION OF:
 ADJUSTER CODE _____ EXTENSION _____

GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003
 DCN: 2307849

MESSAGE MODIFIER	RE-EVALUATION CRITERIA
204	Submit documentation to support the need for the disallowed procedure in light of the fact that it was performed on the same date as another procedure for which reimbursement was allowed.
435	Submit documentation that clearly defines the reason or logic for reimbursement of the lesser-valued surgical procedure performed on the same date as the higher-valued surgical procedure.
252	Identify the service you provided or the materials you supplied. You may present an invoice from your durable medical equipment supplier, and you will be reimbursed 150% of the wholesale cost.
220	Submit medical records confirming that, with respect to the visit for which you billed on the same day as the surgical procedure, you provided a service that was unrelated to the surgical procedure.
224	Submit medical records confirming that the services you provided on the same day were not duplicative services. You must use the appropriate identifying modifier when you make multiple charges for the same CPT code on the same day.
253	Submit the invoice that shows the supplier's wholesale cost. We will reimburse 150% of the supplier's wholesale cost.
760	Submit documentation to demonstrate that these are not charges for educational supplies. Educational supplies are not viewed as a component of treatment and therefore, are not reimbursable.
761	Submit documentation showing the circumstances of the missed appointment. We will reimburse charges for a missed appointment only if you demonstrate extreme extenuating circumstances.
762	Submit documentation to demonstrate that these are not charges for vitamins or supplements. Vitamins and supplements are not viewed as a component of treatment with this diagnosis and, therefore, are not reimbursable.
206	Submit document that supports and clearly defines the need for this procedure.
257	Submit documentation that demonstrates that the claims examiner requested the special report as a supplement to the daily treatment notes or the evaluation and management notes.
229	Submit documentation that clearly links the procedure to trauma sustained as a direct result of the automobile accident.
763	Submit documentation to substantiate the need for a Surface EMG. If we are unable to establish medical necessity, we may seek independent medical review.
764	Submit documentation to support the need for a second provider to read the X-rays in that the charge was reimbursed previously to another provider.
765	Submit medical records so that we may determine if the appropriate CPT code was used to describe the services provided. If the appropriate CPT code was used, we will compare the payment made to you with amounts charged by providers of the same type in the surrounding geographic area to determine if an adjustment is appropriate.
766	Submit medical records so that we may compare the information in the medical records with the CPT code manual requirements regarding the level of service provided by you to the patient. In making this determination, we will consider the complexity of the stated diagnosis and treatment plan to ensure that the payment allowance reflects the level of service provided by you to the patient.
767	Submit medical records so that we may determine the length of acute care based on the patient's age, diagnosis and medical intervention. The medical records must include positive, specific, objective findings to indicate the appropriate use of the physical modality as well as a progression to an active therapeutic exercise program with a decrease in passive modalities. If we are unable to validate ongoing acute care, we may seek independent medical review.
215	Submit medical records so that we may substantiate the physical medicine procedures and modalities performed. In reviewing the medical records, we will look at the functional goals of treatment. The functional goals must be clearly defined, easily recognized and based on a thorough evaluation of the patient. Evidence of improvement and the patient's response to treatment should confirm that the functional goals are being met. You must identify any underlying risk factors and their therapy. If we are unable to establish medical necessity, we may seek independent medical review.
768	Submit the invoice you received for the drug or supply. We will reimburse 150% of the wholesale price of the drug or supply.

GEICO DIRECT**GOVERNMENT EMPLOYEES INSURANCE
COMPANY**

One Office - ONE GEICO PLAZA ■ Washington, DC 20076

IRS NUMBER/ATTY ADJ

ID

1-0251928

L P NBM

450.00

CO. CODE

DATE ISSUED

12/13/05

ACCIDENT DATE

08/03/04
FEATURE/AMOUNTFLEET NAT'L L BANK
HARTFORD, CONNECTICUT
POLICY/CLAIM NUMBER
014124013010102751-44
11B
ADJ
F883

CLAIMANT

SHARON ANDERSON

075545670

CHECK NUMBER

N75545670

EXPENSE

FO

.0E

FOUR-HUNDRED-FIFTY-----

Y TO HORATIO JONES
THE PRO PHYSICAL THERAPY
DER
DFDALTON & ASSOCIATES PA
1106 WEST TENTH STREET
WILMINGTON, DE 19806

-----AND----- 0.00 DOLLARS \$450.00

PERSONAL INJURY PROTECTION
10/06/2005 - 10/12/2005
ACCT# RA05DE879070
EOB

SHARON ANDERSON

INSURED



VIA TO:

#75545670# 0011900445#

19191#

C

Client:

FREDERICKSBURG-DELAWARE - 05
 GEICO - FREDERICKSBURG
 ONE GEICO BOULEVARD
 FREDERICKSBURG, VA 22412
 PHONE: 800-841-1003

Case: GE2-05DE-0001623

Provider:

PRO PHYSICAL THERAPY
 1812 MARSH ROAD STE 505
 WILMINGTON, DE 19810

Claim:

ANDERSON, SHARON
 216 N CONNELL ST
 WILMINGTON, DE 198053635

Tax ID:	510251928	Type:	PT	Specialty (1):	UNKNOWN	Claim Number:	014124013010102701
License:				Specialty (2):		Carrier Received Date:	11-04-2005
External ID:	510251928XXXXXX1					Social Security Number:	XXX-XX-XXXX
Account Number:	RA05DE879070			Invoice Date:		Date of Loss:	08-03-2004
Medicare Number:						Policyholder:	
Region:						Policy Number:	

Case Details	Risk:	DE	Dates of Service:	10-06-2005 to 10-12-2005	Reviewer:	@@@/
	File:	0000000/0000000	Post Date:	12-09-2005	Client Type of Bill:	
	Adjuster:	D. CURRY	PPO Network:		DRG:	
	AdjCd:	05F883	PPO Claim:		Pay Authorization:	
	Phone:	800-841-1003 ext. 7853				
Dx 1:	728.85	SPASM OF MUSCLE	Dx 2:	723.1 CERVICALGIA	Dx 3:	847.0 SPRAIN OF NECK
Dx 4:			Dx 5:			

Line	Date	POS	TOS	Rev./Proc.	Code	Modifiers	Dx.	Units	Description	Explanation	Code(s)
						Charges	Review	PPO	UR	Co-Pay	Deduct.
1	10-06-2005	11	1	97010		30.00	1	1	HOT OR COLD PACK		767
2	10-06-2005	11	1	97014		35.00	1	1	ELECTRIC STIMULATION		767
3	10-06-2005	11	1	97530		50.00	1	1	(59) THERAPEUTIC ACTIVITY		50.00
4	10-06-2005	11	1	97110		100.00	1	2	THERAPEUTIC EXERCISE		100.00
5	10-10-2005	11	1	97530		50.00	1	1	(59) THERAPEUTIC ACTIVITY		50.00
6	10-10-2005	11	1	97014		35.00	1	1	ELECTRIC STIMULATION		767
7	10-10-2005	11	1	97110		100.00	1	2	THERAPEUTIC EXERCISE		100.00
8	10-10-2005	11	1	97010		30.00	1	1	HOT OR COLD PACK		767
9	10-12-2005	11	1	97010		30.00	1	1	HOT OR COLD PACK		767
10	10-12-2005	11	1	97014		35.00	1	1	ELECTRIC STIMULATION		767
11	10-12-2005	11	1	97110		100.00	1	2	THERAPEUTIC EXERCISE		100.00
12	10-12-2005	11	1	97530		50.00	1	1	(59) THERAPEUTIC ACTIVITY		50.00
Totals						645.00					450.00
						Bill Review Reductions:					
						Recommended Allowance:					

CORRESPONDENCE SHOULD BE SENT TO THE ABOVE ADDRESS AND ATTENTION OF:
 ADJUSTER CODE _____ EXTENSION _____

GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003
 DCN: 2384721

Explanation of Review

ONE GEICO BOULEVARD
FREDERICKSBURG, VA 22412
PHONE: 800-841-1003

Case: GE2-05DE-0001623

Provider:

PRO PHYSICAL THERAPY
1812 MARSH ROAD STE 505
WILMINGTON, DE 19810

Claim:

ANDERSON, SHARON
216 N CONNELL ST
WILMINGTON, DE 198053635

Tax ID:	510251928	Type:	PT	Specialty (1):	UNKNOWN	Claim Number:	014124013010102701
License:				Specialty (2):		Carrier Received Date:	11-04-2005
External ID:	510251928XXXXXXI					Social Security Number:	XXX-XX-XXXX
Account Number:	RA05DE879070			Invoice Date:		Date of Loss:	08-03-2004
Medicare Number:						Policyholder:	
Region:						Policy Number:	

Case Details	Risk: DE	Dates of Service:	10-06-2005 to 10-12-2005	Reviewer: @@/	
	File: 0000000/000000	Post Date:	12-09-2005	Client Type of Bill:	
	Adjuster: D. CURRY	PPO Network:		DRG:	
	AdjCd: 05F883	PPO Claim:		Pay Authorization:	
Dx 1:	728.85 SPASM OF MUSCLE	Dx 2:	723.1 CERVICALGIA	Dx 3:	847.0 SPRAIN OF NECK
Dx 4:		Dx 5:			

Line	Date	POS	TOS	Rev./Proc. Code	Modifiers	Dx.	Units	Description	Explanation	Code(s)		
					Charges	Review		PPO	UR	Co-Pay	Deduct.	Allow.

Messages:

*767 PHYSICAL MEDICINE MODALITIES THE PROVIDE NO THERAPEUTIC BENEFIT DURING THE CHRONIC PERIOD OF THE DIAGNOSED CONDITION ARE NOT REIMBURSABLE.

THIS EXPLANATION OF REVIEW REFLECTS OUR INITIAL REVIEW OF THE PROVIDER'S CHARGES SUBMITTED. IF FURTHER RE-EVALUATION IS REQUESTED, THE PROVIDER SHOULD SEND US ADDITIONAL INFORMATION TO RE-EVALUATE OUR DETERMINATION USING THE IDENTIFIED CRITERIA. SEE RE-EVALUATION CRITERIA ENCLOSED.

PAYMENT SENT TO: _____ PATIENT _____ ATTORNEY _____ PROVIDER

Notes:

CORRESPONDENCE SHOULD BE SENT TO THE ABOVE ADDRESS AND ATTENTION OF:
ADJUSTER CODE _____ EXTENSION _____

GEICO - FREDERICKSBURG, ONE GEICO BOULEVARD, FREDERICKSBURG, VA 22412, PHONE: 800-841-1003
DCN: 2384721

MESSAGE MODIFIER	RE-EVALUATION CRITERIA
204	Submit documentation to support the need for the disallowed procedure in light of the fact that it was performed on the same date as another procedure for which reimbursement was allowed.
435	Submit documentation that clearly defines the reason or logic for reimbursement of the lesser-valued surgical procedure performed on the same date as the higher-valued surgical procedure.
252	Identify the service you provided or the materials you supplied. You may present an invoice from your durable medical equipment supplier, and you will be reimbursed 150% of the wholesale cost.
220	Submit medical records confirming that, with respect to the visit for which you billed on the same day as the surgical procedure, you provided a service that was unrelated to the surgical procedure.
224	Submit medical records confirming that, with respect to the visit for which you make multiple charges for the same CPT code on the same day, you must use the appropriate identifying modifier when you make multiple charges for the same CPT code on the same day.
253	Submit the invoice that shows the supplier's wholesale cost. We will reimburse 150% of the supplier's wholesale cost.
760	Submit documentation to demonstrate that these are not charges for educational supplies. Educational supplies are not viewed as a component of treatment and therefore, are not reimbursable.
761	Submit documentation showing the circumstances of the missed appointment. We will reimburse charges for a missed appointment only if you demonstrate extreme extenuating circumstances.
762	Submit documentation to demonstrate that these are not charges for vitamins or supplements. Vitamins and supplements are not viewed as a component of treatment with this diagnosis and, therefore, are not reimbursable.
206	Submit document that supports and clearly defines the need for this procedure.
257	Submit documentation that demonstrates that the claims examiner requested the special report as a supplement to the daily treatment notes or the evaluation and management notes.
229	Submit documentation that clearly links the procedure to trauma sustained as a direct result of the automobile accident.
763	Submit documentation to substantiate the need for a Surface EMG. If we are unable to establish medical necessity, we may seek independent medical review.
764	Submit documentation to support the need for a second provider to read the X-rays in that the charge was reimbursed previously to another provider.
765	Submit medical records so that we may determine if the appropriate CPT code was used to describe the services provided. If the appropriate CPT code was used, we will compare the payment made to you with amounts charged by providers of the same type in the surrounding geographic area to determine if an adjustment is appropriate.
766	Submit medical records so that we may compare the information in the medical records with the CPT code manual requirements regarding the level of service provided by you to the patient. In making this determination, we will consider the complexity of the stated diagnosis and treatment plan to ensure that the payment allowance reflects the level of service provided by you to the patient.
767	Submit medical records so that we may substantiate the physical medicine procedures and modalities performed. In reviewing the medical records, we will look at the functional goals of treatment. The functional goals must be clearly defined, easily recognized and based on a thorough evaluation of the patient. Evidence of improvement and the patient's response to treatment should confirm that the functional goals are being met. You must identify any underlying risk factors and their therapy. If we are unable to establish medical necessity, we may seek independent medical review.
215	Submit the invoice you received for the drug or supply. We will reimburse 150% of the wholesale price of the drug or supply.

EXHIBIT M

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy

1812 Marsh Road

Suite 505

Wilmington DE 19810

(302) 793-0432

51-0251928

ACCOUNT #: RA05DE879070

Insurance : GEICO

Patient: SHARON ANDERSON

Policy Number 014124013-027

Diagnosis:

T23.1	CERVICALGIA
T28.85	SPASM OF MUSCLE
847.0	SPRAIN OF NECK

ADDRESS:

SHARON ANDERSON
216 NORTH CONNELL STREET
WILMINGTON, DE 19805

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O Payment	Insurance W/O Payment	Insurance Balance	Patient Balance
07/19/2005	97110	THERAPEUTIC EXERCISE	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
07/19/2005	97001	PT-INITIAL EVALUATION	1	\$150.00	\$ 0.00	\$0.00	\$ 150.00	\$ 0.00	\$0.00 \$ 0.00
07/19/2005	971259	NEUROMUSCULAR RE-ED	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
07/21/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00 \$ 0.00
07/21/2005	9753059	TERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
07/21/2005	97110	TERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00
07/21/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00 \$ 0.00
07/25/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00 \$ 0.00
07/25/2005	9753059	TERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
07/25/2005	97110	TERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00
07/25/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00 \$ 0.00
07/26/2005	97012	TRACTION CERVICAL/LUMBAR	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00 \$ 0.00
07/26/2005	9731059	TERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
07/26/2005	97110	TERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy

1812 Marsh Road

Suite 505

Wilmington DE 19810

(302) 793-0432

51-0251928

ACCOUNT #: RA05DEB99070

Insurance : GEICO

Patient: SHARON ANDERSON

Policy Number: 014124013-027

ADDRESS: SHARON ANDERSON

216 NORTH CONNELL STREET

WILMINGTON, DE, 19805

Diagnosis:

T23.1

CERVICALGIA

T23.85

SPASM OF MUSCLE

847.0

SPRAIN OF NECK

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O Payment	Insurance Payment	Insurance W/O Payment	Patient Balance
07/26/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00 \$ 0.00
07/26/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00 \$ 0.00
07/29/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00 \$ 0.00
07/29/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00 \$ 0.00
08/02/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00 \$ 0.00
08/02/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00 \$ 0.00
08/02/2005	97012	TRACTION CERVICAL/LUMBAR	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00 \$ 0.00
08/02/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
08/02/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00
08/04/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00 \$ 0.00
08/04/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00 \$ 0.00
08/04/2005	97012	TRACTION CERVICAL/LUMBAR	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00 \$ 0.00
08/04/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
08/04/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy

1812 Marsh Road

Suite 505

Wilmington DE 19810

(302) 793-0432

51-0251918

ACCOUNT #: RAB5DE879070

Insurance : GEICO

Patient: SHARON ANDERSON

Policy Number:014124013-027

Diagnosis:

713.1 CERVICALGIA
728.85 SPASM OF MUSCLE
847.0 STRAIN OF NECK

ADDRESS:

SHARON ANDERSON
216 NORTH CONNELL STREET
WILMINGTON, DE, 19805

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O	Insurance Payment	Insurance W/O	Patient Balance	Patient Balance
08/09/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
08/09/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$100.00	\$ 0.00	\$0.00	\$ 0.00
08/09/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00	\$ 0.00
08/09/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00	\$ 0.00
08/14/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
08/14/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$100.00	\$ 0.00	\$0.00	\$ 0.00
08/14/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00	\$ 0.00
08/14/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00	\$ 0.00
08/16/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00	\$ 0.00
08/16/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
08/16/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$100.00	\$ 0.00	\$0.00	\$ 0.00
08/16/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00	\$ 0.00
08/18/2005	97012	TRACTION CERVICAL/LUMBAR	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00
08/18/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00	\$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy
1812 Marsh Road
Suite 505
Wilmington DE 19810
(302) 793-0432
51-0251928
ACCOUNT #: RA05DE879070
Insurance : GEICO

Patient: SHARON ANDERSON
Policy Number: 014124013-027

Diagnosis:

723.1	CERVICALGIA
728.85	SPASM OF MUSCLE
847.0	SPRAIN OF NECK

ADDRESS: SHARON ANDERSON
216 NORTH CONNELL STREET
WILMINGTON, DE, 19805

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O	Insurance Payment	Insurance W/O	Insurance Balance	Patient Balance
08/18/2005	97124	THERAPEUTIC MASSAGE	1	\$32.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$32.00	\$ 0.00
08/18/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$50.00	\$ 0.00
08/18/2005	97110	ROTATEPACK/COLDPACK	2	\$100.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$100.00	\$ 0.00
08/23/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$50.00	\$ 0.00
08/23/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
08/23/2005	97010	ROTATEPACK/COLDPACK	1	\$30.00	\$ 0.03	\$0.00	\$ 30.00	\$ 0.00	\$0.00	\$ 0.00
08/23/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00
08/25/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$50.00	\$ 0.00
08/25/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
08/25/2005	97010	ROTATEPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$0.00	\$ 0.00
08/25/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00
08/25/2005	97124	THERAPEUTIC MASSAGE	1	\$32.00	\$ 0.00	\$0.00	\$ 32.00	\$ 0.00	\$0.00	\$ 0.00
08/30/2005	97530-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$50.00	\$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy	ADDRESS:	SHARON ANDERSON
1812 Marsh Road		216 NORTH CONNELL STREET
Suite 505		WILMINGTON, DE 19805
Wilmington, DE 19810		
(302) 793-0432	51-0251928	
ACCOUNT #: RA03DE379070		
Insurance: GEICO		

Patient: SHARON ANDERSON
 Policy Number: 014124013-027

Diagnosis:								
723.1	CHRONIC							
728.85	SPASM OF MUSCLE							
847.0	SPRAIN OF NECK							

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O Payment	Insurance Payment	Insurance W/O Payment	Patient Balance	Insurance Balance
08/30/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
08/30/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$0.00	\$ 0.00
08/30/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00
09/07/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00
09/07/2005	97530-59	TERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
09/07/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
09/07/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$0.00	\$ 0.00
09/10/2005	97530-59	TERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
09/10/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
09/10/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$0.00	\$ 0.00
09/10/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00
09/14/2005	97530-59	TERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
09/14/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
09/14/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$0.00	\$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy
1812 Marsh Road
Suite 505
Wilmington DE 19810

(302) 793-0432 **51-0251928**
ACCOUNT #: RA05DE879070

Insurance : GEICO
Patient: SHARON ANDERSON
Policy Number 914124013-027

Diagnosis:

723.1 CERVICALGIA
728.85 STASM OF MUSCLE
847.0 SPRAIN OF NECK

ADDRESS: SHARON ANDERSON

216 NORTH CONNELL STREET
WILMINGTON, DE, 19805

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O Payment	Insurance Payment	Insurance W/O	Patient Balance	Patient Balance
09/27/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
09/27/2005	97010	HOTPACKCOLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00	\$ 0.00
09/27/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00	\$ 0.00
09/27/2005	97110.59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
09/29/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00	\$ 0.00
09/29/2005	97110.59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
09/29/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
09/29/2005	97010	HOTPACKCOLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00	\$ 0.00
10/04/2005	97010	HOTPACKCOLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$30.00	\$ 0.00
10/04/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$35.00	\$ 0.00
10/04/2005	97530.59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00	\$ 0.00
10/06/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00
10/06/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00	\$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy

1812 Marsh Road

Suite 505

Wilmington DE 19810

(302) 793-0432

51-0251928

ACCOUNT #: RA05DE79070

Insurance : GEICO

Patient: SHARON ANDERSON
Policy Number:014124013-027

Diagnosis:

723.1

CERVICALGIA

723.85

SPASM OF MUSCLE

847.0

SPRAIN OF NECK

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O Payment	Insurance W/O Payment	Insurance W/O Balance	Patient Balance
10/06/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00
10/06/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 35.00
10/10/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 35.00
10/10/2005	9730-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$ 0.00
10/10/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$ 0.00
10/10/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 30.00
10/12/2005	9730-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$ 0.00
10/12/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$ 0.00
10/12/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 30.00
10/12/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 35.00
10/17/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 30.00
10/17/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 0.00	\$ 0.00	\$ 35.00
10/17/2005	9730-59	THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$ 0.00
10/17/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$ 0.00

PRO Physical Therapy

Patient Visit History Report

01/23/2006

PRO Physical Therapy
1812 Marsh Road
Suite 505
Wilmington DE 19810

(302) 793-0432 51-0251918

ACCOUNT #: RA05DE879070

Insurance : GEICO

Patient: SHARON ANDERSON
Policy Number: 014124013-027

Diagnosis:

723.1	CERVICALGIA
728.85	SPASM OF MUSCLE
847.0	SPRAIN OF NECK

Service Date	CPT Code	Service Description	Units	Charge Amount	Patient Payment	Patient W/O Payment	Insurance W/O Payment	Insurance W/O Balance	Patient Balance
10/19/2005	97530	59 THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
10/19/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00
10/19/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00 \$ 0.00
10/19/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00 \$ 0.00
10/24/2005	97110	THERAPEUTIC EXERCISE	2	\$100.00	\$ 0.00	\$0.00	\$ 100.00	\$ 0.00	\$0.00 \$ 0.00
10/24/2005	97010	HOTPACK/COLDPACK	1	\$30.00	\$ 0.00	\$0.00	\$ 30.00	\$ 0.00	\$30.00 \$ 0.00
10/24/2005	97014	ELECTRICAL STIM	1	\$35.00	\$ 0.00	\$0.00	\$ 35.00	\$ 0.00	\$35.00 \$ 0.00
10/24/2005	97530	59 THERAPEUTIC FUNCTIONAL ACTIVITY	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
10/27/2005	97025	RE-EVALUATION-PT	1	\$60.00	\$ 0.00	\$0.00	\$ 60.00	\$ 0.00	\$0.00 \$ 0.00
10/27/2005	97112	59 NEUROMUSCULAR RE-ED	1	\$50.00	\$ 0.00	\$0.00	\$ 50.00	\$ 0.00	\$0.00 \$ 0.00
				\$12.00	\$ 5,759.00	\$ 0.00	\$ 0.00	\$4,457.00	\$ 0.00
									\$1,302.00 \$ 0.00

ADDRESS: SHARON ANDERSON
216 NORTH CONNELL STREET
WILMINGTON, DE, 19805

EXHIBIT N



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- Criterion Insurance Agency, Inc.
(Colonial County Mutual Ins.)

One GEICO Blvd.
Fredericksburg, VA 22412-0002

November 19, 2004

HPV 22 2004

Dalton & Associates
1106 West Tenth St.
Wilmington, DE 19806-4522

CLAIM NUMBER: 0232413390101017

LOSS DATE: 07/16/04

INSURED: Kerry Johnson

YOUR CLIENT: Kerry Johnson

Dear Ms. Simon:

We acknowledge your letter of representation for Kerry Johnson dated November 8, 2004.

On November 8, 2004, we mailed the required PIP forms to your client. Please have your client complete the forms and return them to us promptly.

Also, please forward any bills and/or documentation which support your clients claim as soon as possible.

If you have any questions, I can be reached Monday through Friday at the number listed below.

Sincerely,

MARYBETH CARTER L317

CLAIMS DEPARTMENT 1(800)841-1003 extension 4661
GEICO Indemnity Company

10

PLEASE REFER TO OUR CLAIM NUMBER WHEN
WRITING OR CALLING ABOUT THIS CLAIM

CL302A

CLL14

CERTIFICATE OF SERVICE

I hereby certify that on this 24th day of August 2006, a true and correct copy of the foregoing Opening Brief In Support Of Motion for Leave to Amend Complaint was served on the following counsel of record in the manner indicated:

BY HAND DELIVERY

Dawn L. Becker, Esquire
Gary Alderson, Esquire
LAW OFFICES OF DAWN L. BECKER
Citizens Bank Center
919 Market Street, Suite 725
Wilmington, DE 19801

BY FIRST CLASS MAIL

George M. Church, Esquire
Laura A. Cellucci, Esquire
MILES & STOCKBRIDGE P.C.
10 Light Street
Baltimore, Maryland 21202

CPS
Christopher P. Simon (No. 3697)